SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-042323

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11035

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED DEC 1 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | Length of stay in 1b

c. CITY OR TOWN St. Rose | Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital | Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Rural Rt. | Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Joseph Middle: Theodore Last: Detmer

4. DATE OF DEATH Month: November Day: 26 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12/24/1911

9. AGE (last birthday): 49 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Aviston, Illinois.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Detmer

13b. MOTHER'S MAIDEN NAME: Margaret Hilmes

14. NAME OF HUSBAND OR WIFE: Marie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.

17. INFORMANT: Marie Detmer, Address: St. Rose, Illinois.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Brain Tumor (Malignant) — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 193.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 1961 to Nov 26, 1961 and last saw him alive on Nov. 26, 1961

Death occurred at 9:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Martin W. Davis MD

22b. ADDRESS: 539 N. Grand

22c. DATE SIGNED: 11/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-29-61

23c. NAME OF CEMETERY OR CREMATORY: St. Rose Cemetery

23d. LOCATION (City, town, or county) (State): St. Rose, Illinois.

24. FUNERAL DIRECTOR: Albert H. Hoppe Inc. ADDRESS: 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.: NOV 27 1961

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.