

JAN 15 1940

7911

Registration District No.

1003

Primary Registration District No.

State File No.

Registrar's No.

9939

1. PLACE OF DEATH:

(a) County 30  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Luke City Hospital  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 25  
(c) City or town St. Louis  
(d) Street No. 221 So Broadway  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME John Deacy

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 70 by min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Unknown

18. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name "

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Harry G. Guebert - P.D.

(b) Address 7720 1/2 Soory

17. (a) (Burial, cremation, or removal) (b) Date thereof 4-19-40

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. H. Richter

(b) Address 3500 N. 3rd St. St. Louis

19. (a) DEC 4 1940 (b) J. H. Budeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1940 hour 3:00 minute 19 M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Chronic Interstitial Nephritis  
Other conditions Hepatitis  
Major findings: Chronic Interstitial Nephritis  
Of operations None  
Of autopsy None

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury 5

23. Signature Joseph M. Deacy (M. D. or other)  
Address Deputy Coroner

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**