

Registration District No. 734

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town St. Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster Groves
(c) City or town 091
(If outside city or town limits, write "RURAL")
(d) Street No. 748 E. Swan Avenue 7
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Edward Deal

3. (b) If veteran, name war _____ 3. (c) Social Security No. 714-10-9172

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

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

7. Birth date of deceased April 16, 1901
(Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Expressman's helper

11. Industry or business _____

12. Name Henry Deal

13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Gebken

(b) Address 6809 Bonnie, Affton, Mo.

17. (a) Burial (b) Date thereof 9/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Chick Hubler So no

(b) Address 2630 Gravois Av.

19. (a) SEP 23 1941 (b) C. J. McQuinn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21
year 1941 hour 10: minute P. M.

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

Immediate cause of death Accidentally fell on sidewalk while a pedestrian. Duration _____

Due to Fracture right femur; arteriolar nephrosclerosis (Uremia)

Due to Broncho pneumonia

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Yes

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) Accident

(b) Date of occurrence Sept. 7, 1941 135

(c) Where did injury occur? Webster Groves, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? _____ (e) Means of injury Fall
(Specify type of place) (Specify type of place)

23. Signature Louis H. Boy (M.D. or D.O.)

Address Kirkwood, Mo. 9/23/41 Date signed _____

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

26
39

OCT. 28 1941

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..... *Robert F. Gelkin*.....
Licensed Embalmer No..... 4144.....
P. O. Address..... 2630 Gravois Avenue.....

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, fact should be so stated above.