S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11149

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3647

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 006 17 90
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2310 A HEBERT ST
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH E. DEYO.
3. (b) If veteran, name war I
3. (c) Social Security No. 497-09-9413
4. Sex MALE
5. Color or race WHITE
6. (a) Single, ~~widowed~~, married, ~~divorced~~ MARRIED
6. (b) Name of husband or wife ELLA DEYO
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JANUARY (Month) 25 (Day) 1892 (Year)

8. AGE: Years 53 Months 2 Days 27 If less than one day hr. min.

9. Birthplace NEW HAMSHIRE (City, town, or county) (State or foreign country)
10. Usual occupation Stove mounter
11. Industry or business
FATHER 12. Name JOSEPH DEYO
FATHER 13. Birthplace NEW HAMSHIRE (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ELLEN KADELIC
MOTHER 15. Birthplace N. H. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Ella Deyo
(b) Address 2310 Hebert St.
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof APRIL 25-45 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ LAKE CHARLES CEM.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.
19. (a) APR 27 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1945 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of 3rd Cervical Vertebra 2 Dislocation and region of 3rd Cervical regional weight bearing of trunk of a lady who had fallen in the street and lost her balance and fell striking her head on the Street — Front of 3300 Evelyn Ave. 8:10 P.M. April 10, 1945

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

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 April 10, 1945
(c) Where did injury occur? (City or town) (County) (State) Zoning in
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public street
(Specify type of place)
While at work? (e) Means of injury As above

23. Signature Dr. Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 4-24-45

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave

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.