

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

3 1946 STANDARD CERTIFICATE OF DEATH

State File No. 21654  
Registrar's No. 5501

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Deaconess 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

3. (a) PRINT FULL NAME Louis William Degen  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sara M. Degen 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased November 14, 1886  
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Shoe Merchant

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Henry Degen  
13. Birthplace New Athens Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Fruth  
15. Birthplace Washington County Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sara M. Degen  
(b) Address Marissa, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/19/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Marissa, Illinois

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) JUN 20 1946 (Date received local registrar) J. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County St. Clair 999  
(c) City or town Marissa  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) NR  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1946 hour 2 minute 37 a.m.  
21. I hereby certify that I attended the deceased from 2/1, 1946, to June 19, 1946  
that I last saw him alive on June 18, 1946  
and that death occurred on the day and hour stated above.

Immediate cause of death \_\_\_\_\_  
Sarcoma of the Caecum  
Due to cause unknown  
Due to Hb  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations Sarcoma of Caecum  
causing obstruction  
Of autopsy Sarcoma of Caecum

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) (c) Means of injury \_\_\_\_\_  
23. Signature J. Bredek (M. D. or other) \_\_\_\_\_  
Address 714 Union Club Bldg Date signed 6-20-46

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

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**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.....

*J. W. Wilkinson*

Licensed Embalmer No.....

*3575*

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, fact should be so stated above.**