

FILED AUG 23 1950

STANDARD CERTIFICATE OF DEATH

1003

State File No. 28133  
Registrar's No. 6900

BIRTH NO. 52418-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. MISSOURI

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 207 <sup>th</sup>	
c. LENGTH OF STAY (In this place) 14 days		d. STREET ADDRESS (If rural, give location) 4955 Hawthorn Thrush	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital			

3. NAME OF DECEASED a. (First) GERALD b. (Middle) P DEEKE c. (Last) DEEKE			4. DATE OF DEATH 8-12-50		
5. SEX Male		6. COLOR OR RACE White		8. DATE OF BIRTH 7-31-50	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) None		9. AGE (In years last birthday) 11		11. BIRTHPLACE (State or foreign country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Virgil Sawyer		13b. MOTHER'S MAIDEN NAME Wendy Boyke		14. NAME OF HUSBAND OR WIFE S. Salantai	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME S. Salantai	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME S. Salantai	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME S. Salantai	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypocalcemic Tetany		INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (b) TETANY	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7885	

22. I hereby certify that I attended the deceased from 8-11, 1950, to 8-12, 1950, that I last saw the deceased alive on 8-12, 1950, and that death occurred at 3<sup>30</sup> A. m., from the causes and on the date stated above.

23a. SIGNATURE Wm. G. Klingberg, M.D. (Degree or title) 23b. ADDRESS Children's Hospital 23c. DATE SIGNED 9/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 8-15-50 24c. NAME OF CEMETERY OR CREMATORY Free Free Cemetery 24d. LOCATION (City, town, or county) (State) Cottonville, Mo.

DATE REC'D BY LOCAL REG. AUG 14 1950 REGISTRAR'S SIGNATURE J. B. [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]

WRITE PLAINLY—USING 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 3454

working under my personal supervision.

Student Embalmer No. ....

Signed David C. Gibson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 17, 7

**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.