

FILED FEB 6 1951  
#722

## STANDARD CERTIFICATE OF DEATH

State File No. 2461

908

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
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 OR TOWN St. Louis, Missouri				c. LENGTH OF STAY (in this place) 1 3/8 mons		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2139			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 3401 Leola avenue					
3. NAME OF DECEASED (Type or Print) a. (First) Ellen			b. (Middle)		c. (Last) Deskin		4. DATE OF DEATH (Month) (Day) (Year) Jan. 27th, 1951		
5. SEX female 1		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1		8. DATE OF BIRTH 3-20-1874		9. AGE (In years last birthday) 76 if UNDER 1 YEAR Months 9 Days 27 if UNDER 2 Wks. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Stanton, Mo. U			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Rock			13b. MOTHER'S MAIDEN NAME Anna Strauser			14. NAME OF HUSBAND OR WIFE Clyde Elbert Deskin a			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Anderson, as above				
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) Mesenteric fibrosis with lymphatic obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic diverticulitis of colon 23 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5721					
22. I hereby certify that I attended the deceased from 4/4/50 to 1/27/51, 19__, that I last saw the deceased alive on 1/27/51, 19__, and that death occurred at 9:15 pm m., from the causes and on the date stated above.									
23a. SIGNATURE J. A. Pennington M.D. (Degree or title)					23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 1/29/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 1		24b. DATE 1-30-51		24c. NAME OF CEMETERY OR CREMATORY Cave Spring Cemetery Sullivan, Mo.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. JAN 29 1951		REGISTRAR'S SIGNATURE J. B. Rosser			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith, 7456 Manchester Maplewood, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....  
*J.P. Burgess*

Licensed Embalmer, No. *4029*

P. O. Address.....  
*Maplewood*

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.