

ED SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29364
State File No. 8113
Registrar's No. 8113

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

70

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

1. PLACE OF DEATH a. COUNTY <u>S 1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>22-29</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 1/2 No 6th ST</u>		d. STREET ADDRESS (If rural, give location) <u>25 112 1/2 No 6th ST</u>	

3. NAME OF DECEASED (Type or Print) <u>MATTHEW DEEGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 8 52</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>1885</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNK</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>UNK</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>PA.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>UNK</u>				13b. MOTHER'S MAIDEN NAME <u>UNK</u>				14. NAME OF HUSBAND OR WIFE <u>UNK</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNK UNK</u>				16. SOCIAL SECURITY NO. <u>UNK</u>				17. INFORMANT'S SIGNATURE OR NAME <u>J. E. Taylor Croner</u>				ADDRESS <u>1300 Clark</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS: ATEROSCLEROSIS</u>								INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of the rectum</u>									
		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"/>			
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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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>154X</u>			
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Taylor Croner</u>		(Degree or title) <u>3</u>		23b. ADDRESS <u>1300 Clark Ave</u>		23c. DATE SIGNED <u>8/19/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon</u>		24d. LOCATION (City, town, or County) (State) <u>St. Louis Co. MO.</u>	
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DATE REC'D BY LOCAL REG. <u>AUG 27 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Hoppe</u>		ADDRESS <u>4700 Washington</u>	
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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 _____

no Embalm

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Albert Happe*

Licensed Embalmer No. _____

P. O. Address *St Louis*

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.