

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 7168

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 18 days	c. CITY OR TOWN DE SOTO,
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) ROUTE # 2		0500 1	

3. NAME OF DECEASED (Type or Print) a. (First) EARL b. (Middle) E. c. (Last) DEERING	4. DATE OF DEATH (Month) (Day) (Year) XXX 12-11-53
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-22-18	9. AGE (In years less birthday) 35	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERVISOR	10b. KIND OF BUSINESS OR INDUSTRY LLOYD SCRUGGS CO.	11. BIRTHPLACE (City and State or Foreign Country) BLACKWELL, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HENRY DEERING	13b. MOTHER'S MAIDEN NAME JOSEPHINE COURTHAY	14. NAME OF HUSBAND OR WIFE EILEEN DEERING
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or dates of service) WWII	16. SOCIAL SECURITY NO. 498 12 3065	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL, RECORDS, JEFF. BRKS, MO.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulonephritis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 11-23-53, 1953, to 12-11-53, 1953, ~~that I last saw the deceased~~ and that death occurred at 10:12A m., from the causes and on the date stated above.

23a. SIGNATURE R.R. Allen	(Degree or title) M.D.	23b. ADDRESS VA HOSPITAL, JEFF. BRKS, MO.	23c. DATE SIGNED 12-11-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 12-11-53	24c. NAME OF CEMETERY OR CREMATORY WOODLAWN	24d. LOCATION (City, town, or county) (State) DE SOTO, MO.
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DATE REC'D BY LOCAL REG. 12/11/53	REGISTRAR'S SIGNATURE Harold R. Stumke	25. FUNERAL DIRECTOR'S SIGNATURE J. LEE MOTHERSHEAD	ADDRESS DE SOTO, MO.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Handwritten: 7400

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Andrew H England*.....

Licensed Embalmer No. *474*.....

P. O. Address *De Soto*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.