

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 171

1. PLACE OF DEATH  
a. COUNTY Saint Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY St. Charles

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles c. LENGTH OF STAY (in this place) 5 hrs.  
c. CITY OR TOWN Saint Charles d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Saint Joseph's Hospital  
e. STREET ADDRESS (If rural, give location) 2305 North Fifth Street 0923

3. NAME OF DECEASED (Type or Print)  
a. (First) Gordon b. (Middle) A. c. (Last) DeRoy

4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Nov. 21, 1884 9. AGE (in years last birthday) 69 IF UNDER 1 YEAR Months 8 Days 22 IF UNDER 12 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) contractor 10b. KIND OF BUSINESS OR INDUSTRY bldg. constr. 11. BIRTHPLACE (City and State or Foreign Country) Saint Charles Co., Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Peter DeRoy 13b. MOTHER'S MAIDEN NAME Jeannie Heavner 14. NAME OF HUSBAND OR WIFE Agnes Hall

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. 498-09-7519 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ira DeRoy, Saint Charles, Mo.

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage  
ANTECEDENT CAUSES DUE TO (b) Arterio sclerosis  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
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 6 hr  
10 yr

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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 (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1952, to August, 1954, that I last saw the deceased alive on August 19, 1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. H. Poggemeier (Degree or title) M.D. 23b. ADDRESS St Charles, Mo 23c. DATE SIGNED August 16, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 17, 1954 24c. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery 24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.

DATE REC'D BY LOCAL REG. Aug 16 1954 REGISTRAR'S SIGNATURE 284-U Hattie Hammett 21c. Dalleney & Sons Co St Charles Mo 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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

MAR 27 1958

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

Student.....  
Signature of Student Embalmer

Signed.....  
*Frank R. Amalson*

Licensed Embalmer No.....  
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P. O. Address.....  
*W. Chase*

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.