

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28845  
7685

FILED SEP 2 1954

State File No. 7685

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Alexian Bros</b> )		c. LENGTH OF STAY (In this place) <b>1 Day</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros Hosp.</b>				STREET ADDRESS (If rural give location) <b>16 3963 Juniata</b>		<b>216/0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>			b. (Middle) <b>J</b>		c. (Last) <b>Dedeck</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8-17-1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <b>Never Married</b>		8. DATE OF BIRTH <b>3-23-1888</b>		9. AGE (In years last birthday) <b>66</b> IF UNDER 1 YEAR <b>4</b> Months <b>24</b> Days IF UNDER 4 HRS. <b>0</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Grocer Own</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Joseph Dedeck</b>			13b. MOTHER'S MAIDEN NAME <b>Frances Middendorf</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give part or date of service) <b>World's #1</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Paul H &amp; Joseph F Dedeck</b> ADDRESS <b>3963 Juniata</b>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Artery Disease</b>						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) _____ 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"/>	
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? <b>5811</b>					
22. I hereby certify that I attended the deceased from <b>8/13/54</b> , 19 <b>54</b> , to <b>8/17</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>8/16</b> , 19 <b>54</b> , and that death occurred at <b>9/15PM.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>S. H. Newton M.D.</b> (Degree or title) <b>0</b>				23b. ADDRESS <b>5600 J. B. Conpton</b>				23c. DATE SIGNED <b>8/19/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-21-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>S.S. Beter &amp; Paul Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>			
DATE REC'D BY LOCAL REG. <b>AUG 19 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>WINGBERMUEHLE</b> ADDRESS <b>3819 SoGrand Blvd</b>			

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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 *Geo J. Myburgh*.....  
Licensed Embalmer No. *461*

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