

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38156**  
Registrar's No. **10355**

FILED DEC 12 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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>ST. LOUIS, MISSOURI</b> )		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY in this place <b>3 days</b>		e. STREET ADDRESS (If rural, give location) <b>3401 Beola Ave. 2009</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL # 1.</b>			

3. NAME OF DECEASED (Type or Print) <b>ELBERT DESKIN</b>			4. DATE OF DEATH <b>NOVEMBER 26, 1955</b>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5-16-1868</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco R.R.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Newburg, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>George W. Deskin</b>	13b. MOTHER'S MAIDEN NAME <b>Evelyn Spradling</b>	13c. NAME OF HUSBAND OR WIFE <b>Ellen Deskin</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Myrtle Anderson</b>	ADDRESS <b>Above</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (b) <b>Advanced coronary arteriosclerosis</b>		
	DUE TO (c) <b>Gangrene of rt. leg.</b>		
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 <b>420.1</b>	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)
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?

22. I hereby certify that I attended the deceased from **11-23, 1955**, to **11-26, 1955**, that I last saw the deceased alive on **11-26, 1955**, and that death occurred at **6:45 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>T. J. Knotts</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1515 LAFAYETTE AVE</b>	23c. DATE SIGNED <b>11-26-55.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-29-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mill Creek Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Newburg, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>NOV 28 1955</b>	REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jay B. Smith</b>	ADDRESS <b>Maplewood, Mo.</b>
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(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*J. Allen Davis Jr.*

Licensed Embalmer No. 405

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.