

AMENDED

DATE AMENDED

INSTEAD OF

VIEWING SHOULD BE KEPT

DOCUMENT

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>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>	Length of stay in lb	c. CITY OR TOWN <b>Afton</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DEANOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis - Little Rock Hospital, Inc.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>7830 Cleveland</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Roy</b> Middle <b>Edwin</b> Last <b>DeGeare</b>			4. DATE OF DEATH Month <b>October</b> Day <b>26</b> Year <b>1961</b>			
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-30-1906</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mgr. Service Bureau</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Piedmont, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>SAM DEGEARE</b>	13b. MOTHER'S MAIDEN NAME <b>PEARL PADFIELD</b>	14. NAME OF HUSBAND OR WIFE <b>Irene</b>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>IRENE DEGEARE AFTON, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arterio-sclerotic heart disease</b>	<b>2 yrs.</b>
	DUE TO (c) <b>4200</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>May 2, 1960</b> to <b>Oct. 26, 1961</b> and last saw him/her on <b>Oct. 26, 1961</b> Death occurred at <b>2:45 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>L.R. Sheridan M.D.</b> (Degree or title)	22b. ADDRESS <b>1755 S. Grand Blvd.</b>	22c. DATE SIGNED <b>10-27-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>10/27/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA</b>	23d. LOCATION (City, town, or county) (State) <b>BELLEVILLE Illinois</b>
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24. FUNERAL DIRECTOR <b>Dashner Funeral Home, Dupu, Ill.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>OCT 27 1961</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>
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BY AFFIDAVIT OF

7830 Cleveland  
Alton  
Illinois

St. Louis  
Hospital, Inc.  
St. Louis - Littlewood

October 23 1981

December

1981

1981

81-1009-00-2

X

White

Male

U.S.A. U.S.A. U.S.A.

Residence

Residence

Illinois

**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 Harold Mackinn

Licensed Embalmer No. 4621

P. O. Address Rayo Illinois

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.