

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

35204

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 3146@ Arsenal Street

File No. ....

Registered No. 10380

St. .... Ward)

2. FULL NAME

Alphonse Deken.

(a) Residence, No. 3146@ Arsenal Street, St. 16 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8. 1925.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 2 10 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo., (STATE OR COUNTRY)

10. NAME OF FATHER Alphonse Deken.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo., (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Adele Fleischmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo., (STATE OR COUNTRY)

14. INFORMANT Alphonse Deken (Address) 3146@ Arsenal Street.

15. NOV 24 1927 Filed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18 1927

17. I HEREBY CERTIFY That I attended deceased from Nov. 16, 1927, to Nov. 18, 1927, that I last saw him alive on Nov. 17, 1927, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchitis - pneumonia Primary (duration) yrs. mos. da. 10 11 Exhaustion CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da. 10 0 0

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. L. Laddberg, M. D.

11/19, 1927 (Address) 3600 S. 1st St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cemetery DATE OF BURIAL Nov. 21 1927

20. UNDERTAKER 2842 Meramec

