DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4784

Registrar's No. 1614

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home for the Aged 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Yrs. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 So. Grand Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 25 JOSEPH DEEGAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Don't Know (Month) (Day) 1857 (Year)

8. AGE: Years abt 82 | Months | Days | If less than one day hr. min.

9. Birthplace Dubuque (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Michael Deegan
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sister Seraphine
(b) Address 3400 So. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director J. H. Gebken Liv & Und Co.
(b) Address 2842 Meramec St.

19. (a) FEB 16 1940 (Date received local registrar) (b) J. F. Brulock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1940 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Oct 15 1939, to Feb 16 1940
that I last saw him alive on Feb 12 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	2 Wks
Due to Arterio Sclerosis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Anco Club Bldg. Date signed 3/16/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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

Robert F. Gebken, Registered Apprentice No. 187

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. St. Louis, Mo.

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 this body is not embalmed, above space should be left blank.