

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1943STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19517

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5573

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **1 Mo. 21 Days**
(Specify whether
 In this community..... **20 Years.**
years, months or days)

3. (a) PRINT FULL NAME **Lena Deegan**

3. (b) If veteran, name war..... **No.**
 3. (c) Social Security No..... **None.**

4. Sex **Female** / 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married.**

6. (b) Name of husband or wife **Matthew Deegan.**
 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased. **March 31 1883.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 2 15 hr. min.

9. Birthplace **Ohio.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business.....

MOTHER FATHER
 12. Name **Unknown.**
 13. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown.**
 15. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Matthew Deegan.**
 (b) Address **826 Buchanan.**

17. (a) **Burial** (b) Date thereof **6-19-43.**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **New Bethlehem Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**
 (b) Address **2223 St. Louis Ave.**

19. (a) **JUN 18 1943** (b) **J. J. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County.....
 (c) City or town **St. Louis.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **826 Buchanan.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16.**
 year **1943** hour **7:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 26,** 19 **43** to **June 16,** 19 **43.**
 that I last saw her alive on **June 16,** 19 **43.**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Hyperensive Heart Disease

Due to **Syphilitic.**
 Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy **Refused.**

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?

While at work.....
(Specify type of place) (Means of injury)
 23. Signature **Louis G. Keidoff M.D.**
 Address **1515 Lafayette Ave.** Date signed **6/17/43**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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, fact should be so stated above.