

FILED DEC 13 1943  
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 1 Day (Specify whether years, months or days) 0

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. 4066 Lafayette Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Richard Wedel DeGonia

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 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 2nd 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Blennward DeGonia  
13. Birthplace Bonne (City, town, or county) 0 Iowa Mo. (State or foreign country)  
14. Maiden name Sarah Marie Knuth  
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Blennward DeGonia

(b) Address 4066 Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Lafayette Cemetery

18. (a) Signature of funeral director Chas. G. Miller

(b) Address 4457 Washington Pl.

19. (a) DEC 4 1943 (Date received local registrar) J. F. Bradach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 3 day \_\_\_\_\_  
year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 2 1943 to Dec. 3 1943; that I last saw him alive on Dec. 3 1943; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Premature birth  
Due to Placenta Praevia

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 151

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. P. Ryan (M. D. or other) \_\_\_\_\_

Address 607 N. Grand St. Date signed 12-2-43

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**