DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 42314

Registrar's No. 10972

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23000 17 9 0

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

(d) Street No. 2632 So. 13th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William B. DeYong

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Elsie

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May (Month) 16, (Day) 1876 (Year)

8. AGE: Years 70 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business

FATHER
12. Name Adrian DeYong
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Elsie DeYong
(b) Address 2632 So. 13th St., St. Louis, Mo.

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker-Helderle U. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) DEC 21 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th
year 1946 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2/12 1946 to 12/19 1946
that I last saw him alive on 12/19 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of sigmoid - rectal juncture & metastases	10 mo.
~~Due to~~ to liver.	
Due to	
Other conditions Arterio-sclerosis (Include pregnancy within 3 months of death)	many years
Major findings: Of operations as above	
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 P. G. Moskop, M.D. (M. D. ~~or other~~)
Address 3554 VICTOR ST Date signed 12/20/46

(Licensed Embalmer's Statement on Reverse Side) ST. LOUIS (4) MO.

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

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 Robert Cwheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.