No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 205

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 95

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sisters Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 64 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 2543 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: Louis J. Degen
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: Mary Degen
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: June (Month) 24 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	7	0	hr. min.

9. Birthplace: Washington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: Carpenter
12. Name (Father): John Christian Degen
13. Birthplace (Father): Washington (City, town, or county) Missouri (State or foreign country)
14. Maiden name (Mother): Anna Mary Kramel
15. Birthplace (Mother): Bavaria (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Mrs. Mary Degen
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: Heaton-Boreman
(b) Address: St. Joseph, Mo.
19. (a) 1-27-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 24 year: 1948 hour: 9 minute: 35 A.M.
21. I hereby certify that I attended the deceased from Jan 21 1948 to Jan 24 1948 that I last saw him alive on Jan 23 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Insufficiency	
Due to: Hypertension arteriosclerotic cardio-vascular disease	
Due to: Bronchial pneumonia	4 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: E. L. Grant (M. D. or other): MD
Address: St. Joseph, Mo Date signed: 1-24-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 James B. Hawkins, Registered Apprentice No. 27 working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 South 10th St. St. Joseph, M

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

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