

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2602

318

1003

292

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. St. Louis</u>		977 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul hospital</u>				d. STREET ADDRESS (If rural, give location) <u>N.R. 1738 Ohio Ave.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willard</u> b. (Middle) _____ c. (Last) <u>Degenhart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 8, 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 28, 1915</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ironworker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Local #392</u>		11. BIRTHPLACE (State or foreign country) <u>Princeton, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>John Degenhart</u>			13b. MOTHER'S MAIDEN NAME <u>Biddy Gough</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Degenhart</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Willard Degenhart</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Ulcerative Enteritis</u> ANTECEDENT CAUSES <u>Chronic Ulcerative Colitis with</u> <u>General Peritonitis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>several years</u> <u>3 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11-20-48</u> to <u>1-8-49</u> , that I last saw the deceased alive on <u>1-8-49</u> , and that death occurred at <u>7:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>J. W. Thompson M.D.</u>				23b. ADDRESS <u>4952 Maryland St. St. Louis, Mo</u>		23c. DATE SIGNED <u>1-10-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>		24b. DATE <u>Jan. 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville Illinois</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>E. St. Louis, Ill</u>			

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3182

P. O. Address E. 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, fact should be so stated above.