

FILED APR 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11005

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

96000

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 9488 428

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson Barracks, Mo. c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital		d. STREET ADDRESS (If rural, give location) 1150 Kingsland Ave.,	
3. NAME OF DECEASED a. (First) Roy b. (Middle) F. c. (Last) DEANE		4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 16, 1877
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank Deane	
13b. MOTHER'S MAIDEN NAME Virginia Artiese		14. NAME OF HUSBAND OR WIFE Matilda	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish-American		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME EUGENE F. NOLAN, Registrar ADDRESS Vet. Adm. Hosp. Jefferson Barracks, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUBACUTE BACTERIAL ENDOCARDITIS INTERVAL BETWEEN ONSET AND DEATH Unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 430 12 DUE TO (c) a.i.a	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia, severe, cause undetermined		19a. DATE OF OPERATION None	
19b. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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 Feb. 11, 1949 , to Feb. 11, 1949 , that I last saw the deceased alive on Feb. 11, 1949 and that death occurred at 6:30 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE L.E. Stilwell, M.D. Chf. Prof. Services (Degree or title)		23b. ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.	23c. DATE SIGNED 2/14/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 15/49	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. 2-13-49	REGISTRAR'S SIGNATURE Frank Deane	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Clark ADDRESS Fu. Home, St. Louis, Mo.	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Allen Rob Remelius

Licensed Embalmer No. 4283

P. O. Address 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.