

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27972
7476
Registrar's No.

BIRTH NO. #100924 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100

100
17

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

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | a. STATE Missouri b. COUNTY Washington | |
| c. LENGTH OF STAY (in this place) 2 days | | c. CITY (If outside corporate limits, write RURAL and give township) Rural (Bretton) U. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1 | | d. STREET (If rural, give location) Near Mineral Point Mo. | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| a. (First) ROSALEE | | b. (Middle) DEGONIA | |
| c. (Last) | | August 26th, 1949 | |
| 5. SEX Female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH March 16 1946 |
| 9. AGE (In years last birthday) 3 | IF UNDER 1 YEAR Months 5 Days 10 | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Washington Co. Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME William Degonia | 13b. MOTHER'S MAIDEN NAME Viola Beckemeyer | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Degonia Mineral Point 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Polio myelitis - acute anterior | | INTERVAL BETWEEN ONSET AND DEATH Aug 18 -> 26 approx. | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Polio encephalitis | | | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) 3do | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 2:00 PM | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 087M | |
| 22. I hereby certify that I attended the deceased from 8/24/49, 19, to 8/26/49, 19, that I last saw the deceased alive on 8/26/49, 19, and that death occurred at 8:00 PM, from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Robert J. L. Palley, M.D. | | 23b. ADDRESS 1515 Lafayette Ave., | 23c. DATE SIGNED 8/26/49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8-29-49 | 24c. NAME OF CEMETERY OR CREMATORY Peter Masonic | 24d. LOCATION (City, town, or county) (State) Peter Mo. |
| DATE REC'D BY LOCAL REG. AUG 29 1949 | REGISTRAR'S SIGNATURE J. B. Sasser | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Luther Spahr Peter Mo. | |

2476

SEP 8 1944

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 Van M Sizemore

Licensed Embalmer No. 4343

P. O. Address @Theris 12 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.