

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10015  
Registrar's No. 2046

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>4355a Delor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4355a Delor</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>John</u> c. (Last) <u>Deyen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 28 - 1951</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>Jan. 21, 1875</u>			9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>John H. Deyen</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hesse</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Deyen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Deyen, 4355a Delor</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Mar 1948+</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, Heart Disease</u>		II. OTHER SIGNIFICANT CONDITIONS (c) <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
DUE TO (c) _____					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2O</u>	

22. I hereby certify that I attended the deceased from March, 1948, to February 28, 1951; that I last saw the deceased alive on Feb. 28, 1951, and that death occurred at 9:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Samuel T. Tom, M.D.</u>		23b. ADDRESS <u>4755 Morganford</u>		23c. DATE SIGNED <u>3/5/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery, St. Louis County, Missouri.</u>	

DATE REC'D BY LOCAL REG. <u>MAD</u>		REGISTRAR'S SIGNATURE <u>J B Lassiter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ziegenhain Bros, 6409 Gravois Ave</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Coon 4755 Morganford  
John T. Tom  
1-7

9702

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 Van M. Sizemore

Signed.....  
Student Embalmer

Licensed Embalmer No. 4343

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.