

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13961
2898

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS,</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>60 TOWN WEBSTER GROVES</u> <u>4607</u>		d. STREET ADDRESS (If rural, give location) <u>464 W. LOCKWOOD AVE; 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>							
3. NAME OF DECEASED a. (First) <u>ANDREW</u> (Type or Print)		b. (Middle) <u>W</u>		c. (Last) <u>DEACON.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-27-1951</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>MAY 22, 1894</u>	9. AGE (In years / last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days		IF UNDER 6 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANUFACTURERS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>REPRESENTATIVE</u>		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ANDREW T. DEACON</u>			13b. MOTHER'S MAIDEN NAME <u>EMMA DIERKING</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Dale Deacon.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES WW I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ELSIE DALE DEACON 464 W. LOCKWOOD AVE</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>Purulent Meningitis (Cause unknown) and Abscess in Rt. Cerebral Hemisphere</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Adenocarcinoma of Lung, Bilateral</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>3403 H</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) <u>ST. LOUIS MISSOURI</u>			
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? <u>---</u>			
22. I hereby certify that I attended the deceased from <u>Mar. 10, 1951</u> , to <u>Mar. 27, 1951</u> , that I last saw the deceased alive on <u>Mar. 10, 1951</u> , and that death occurred at <u>8:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Hiram T. Lupton</u>		23b. ADDRESS <u>M.D. 3720 Washington Blvd</u>		23c. DATE SIGNED <u>3/28/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE MAUSOLEUM</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS COUNTY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>MAR 28 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lester</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons; 7233 Delmar Blvd.,</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....^{or} Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 445-2

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.