

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6333**
Registrar's No. **1600**

No. 300
10-48

FILED MAR 5 1952

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 Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 7 YRS.		2A39	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6231 Odell		d. STREET ADDRESS (If rural, give location) 3 6231 O'Dell	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MARY	b. (Middle) N.M.N.	c. (Last) Deerr	Feb. 18-1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 20-1861	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Jacob Gebhardt		13b. MOTHER'S MAIDEN NAME Urkrow		14. NAME OF HUSBAND OR WIFE Wm. A. Deerr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Deerr St Louis, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 hours	
* 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		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201		

22. I hereby certify that I attended the deceased from **Feb. 7**, 19**52**, to **Feb. 19**, 19**52**, that I last saw the deceased alive on **Feb. 19**, 19**52**, and that death occurred at **11:00 A** m., from the causes and on the date stated above.

23a. SIGNATURE Regina V. Smith M.D. (Degree or title)		23b. ADDRESS 6200 Hoffman Cir		23c. DATE SIGNED 2/19/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-22-52		24c. NAME OF CEMETERY OR CREMATORY Woodlawn	
				24d. LOCATION (City, town, or county) (State) De Soto Mo.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 20 1952 J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS See Mathushead De Soto Mo.	
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 4745-

P. O. Address Ule Sato, 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.