

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21900**
Registrar's No. **5133**

FILED JUN 27 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) c. LENGTH OF STAY (In this place)
St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) **2 1/2**
St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Jewish Hospital
d. STREET ADDRESS (If rural, give location) **highway Kingsway Hotel 108 N.Kings-**

3. NAME OF DECEASED a. (First) **HARRY** b. (Middle) **L.** c. (Last) **DEAL**
4. DATE OF DEATH (Month) (Day) (Year) **June 4 1952**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower** 8. DATE OF BIRTH **Feb. 5, 1884** 9. AGE (In years last birthday) **68**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Auditor-Steak & Shake Inc.** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Gibson City, Ill.** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Harry L. Deal** 13b. MOTHER'S MAIDEN NAME **Mary Newell** 14. NAME OF HUSBAND OR WIFE **Late Edna Deal**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **Yes World War I** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Mary Wright** ADDRESS **706 E. Taylor, Bloomington**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Sub Acute Nematoma**
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
Morbidity 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. **Chronic Bronchiectasis**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **331-X**

22. I hereby certify that I attended the deceased from **Sept 5 1951**, to **June 4 1952**, that I last saw the deceased alive on **June 4 1952**, and that death occurred at **9:30 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) **Norman W. Deeg MD** 23b. ADDRESS **1607 N. GRAND** 23c. DATE SIGNED **June 4 1952**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal (Rail)** 24b. DATE **6-5-52** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **Bloomington, Ill.**

DATE REC'D BY LOCAL REG. **JUN 5 1952** REGISTRAR'S SIGNATURE **Carl Schmid MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Kriegshauser 4228 S. Kingshighway Bl.**

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

These unknown.

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

Edwin A. M. Bennett

Licensed Embalmer No. 3024

P. O. Address _____

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.