

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **25682**

FILED JUL 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1617**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILL</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>COLLINSVILLE 912<sup>0</sup></b>	
c. LENGTH OF STAY (in this place) <b>18 HR</b>		d. STREET ADDRESS (If rural, give location) <b>342 SYCAMORE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST MARY'S HOSP</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>DEBORAH</b>	b. (Middle) <b>KAY</b>	c. (Last) <b>SAVAGE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 7, 1954</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify year) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>1-20-1954</b>	9. AGE (In years last birthday) <b>5</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 12 HRS. Days <b>16</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 60 MIN. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>THOMAS SAVAGE</b>	13b. MOTHER'S MAIDEN NAME <b>VIVIAN HENDERSON</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Thomas Savage</b>	ADDRESS <b>Collinsville</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congenital heart</b>		INFORMAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Heart failure</b> Since		
	DUE TO (c) <b>Progressive failure heart</b>		
11. 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7/6**, 19**54** to **7/7**, 19**54**, that I last saw the deceased alive on **7/7**, 19**54**, and that death occurred at **5:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. J. Degeim</b>	23b. ADDRESS <b>H. D. St. Peter Hospital</b>	23c. DATE SIGNED <b>7/7/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7-9-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>	24d. LOCATION (City, town, or county) (State) <b>St. Clair County, Ill</b>
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DATE REC'D BY LOCAL REG. <b>7/8/54</b>	REGISTRAR'S SIGNATURE <b>Wesley R. Ambler</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Paul E. Brown</b>	ADDRESS <b>Collinsville</b>
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(Licensed Embalmers' 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 Jewel S. Edwards

Licensed Embalmer No. 3548

P. O. Address Tray, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.