

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 3404a Hartford St.		e. STREET ADDRESS (If rural, give location) 3404a Hartford St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Lydia	b. (Middle)	c. (Last) Deever	4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1954
---	-------------------------	-------------	-------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 28, 1876	9. AGE (In years last birthday) 78	10. CITIZENSHIP (If under 1 year, specify) U.S.A.
--------------------------------	---	---	--	--	--

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) Quincy, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME Henry Prante	13b. MOTHER'S MAIDEN NAME Louisa Hartwig	14. NAME OF HUSBAND OR WIFE James A. Deever
--	---	--

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. None	17. INFORMANT'S SIGNATURE OR NAME James A. Deever	ADDRESS 3404a Hartford
--	---	--	---

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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemia			3 days
	ANTECEDENT CAUSES			
	DUE TO (b) Chronic nephritis (OK PET)		1 year	
	DUE TO (c) Arteriosclerosis general		1 year	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Fracture hip (treated at City Hospital) 2 months	

18a. DATE OF OPERATION	18b. 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) 446 XF
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?

22. I hereby certify that I attended the deceased from 9-21-1954, to 10-11-1954, that I last saw the deceased alive on 10-11, 1954, and that death occurred at 11A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. Simpson</i>	(Degree or title) M.D.	23b. ADDRESS 3739 Gravois Ave. (16)	23c. DATE SIGNED 10-11-54
--	-------------------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 11, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
--	--	---	---

DATE REC'D BY LOCAL REG. OCT 13 1954	REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	5. GENERAL DIRECTOR'S SIGNATURE <i>Wacker - Hellerle</i>	ADDRESS 3634 Gravois Ave.
---	---	--	--

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.....
Signature of Student Embalmer

Signed *Robert Wheeler*.....

Licensed Embalmer No. *212*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.