

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23651

FILED AUG 2 - 1955

State File No. _____
Registrar's No. 5474

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 5474			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kimmswick, Mo.</u>				0500			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Kimmswick, Mo.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>C.</u> c. (Last) <u>DeGonia</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1955</u>								
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 4, 1883</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Worker</u>		11. BIRTHPLACE (State or foreign country) <u>Washington County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Juel DeGonia</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Dean</u>			14. NAME OF HUSBAND OR WIFE <u>Martha Boyer DeGonia</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F. C. DeGonia</u> ADDRESS <u>Kimmswick, Mo.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerular Nephritis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)							
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? <u>592 X</u>							
22. I hereby certify that I attended the deceased from <u>4-20</u> , 19 <u>55</u> , to <u>6-22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-21</u> , 19 <u>55</u> , and that death occurred at <u>9:25</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>B. J. Mc Ginnis M.D.</u> (Degree or title)				23b. ADDRESS <u>16 Hampton Valley Plaza</u>				23c. DATE SIGNED <u>6-22-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 25, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Herculaneum Catholic Cem. Herculaneum, Mo.</u>		24d. LOCATION (City, town, or county) (State)						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heiligtas Funeral Home</u> ADDRESS <u>Imperial, MO.</u>									

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

5561-2

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 _____

Arthur W. Helwig

Licensed Embalmer No. _____

3872

P. O. Address _____

Impound 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.