

FILED SEP 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. 27595

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6853

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6853			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. Louis					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Webster Groves		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Branscome Apts.				e. STREET ADDRESS (If rural, give location) 118 Central Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) Hatfield c. (Last) Deering SR.			4. DATE OF DEATH (Month) (Day) (Year) Aug 5, 1955						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 4, 1897			
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printing		10b. KIND OF BUSINESS OR INDUSTRY Post-Dispatch		11. BIRTHPLACE (City and State or Foreign Country) ST. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jackson Deering		13b. MOTHER'S MAIDEN NAME Nell A. Hatfield		14. NAME OF HUSBAND OR WIFE Estelle C. Deering			
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. 493-05-0880		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Victor H. Deering Jr. 5335 Bischoff					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Vasculer Accident DUE TO (c) Debility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 min 6 hours 9 months	
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) 331X _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 August 1, 1955, to August 4 th , 1955, that I last saw the deceased alive on August 5 th , 1955, and that death occurred at 3:17 A. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Mark Day, M.D.				23b. ADDRESS 5577 Penning		23c. DATE SIGNED 8/5/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 8, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) ST. Louis, Co. Mo.			
DATE REC'D BY LOCAL REG. AUG 8 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS With Bros. L. & U. G. 2929 S. Jefferson Ave.					

S.P. (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 David Davis, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edgar F. Witt
Licensed Embalmer No. 7117

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