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FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42911
STATE FILE NUMBER 10667

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1 — Length of stay in Ib 2 22 1c

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1106 S. 18th (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle Joseph Last DEGONIA

4. DATE OF DEATH Month Nov. Day 21 Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Feb 7 1890
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman
10b. KIND OF BUSINESS OR INDUSTRY Mo.Pac.Railroad
11. BIRTHPLACE (City and state or country) DeSeto Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John J.DeGonia
14. MOTHER'S MAIDEN NAME Lucy Post

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs Annabelle Wilson 1106 S.18th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Pulmonary Tuberculosis 331 X A
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/19/56 to 11/21/56 and last saw her/him alive on 11/21/56
Death occurred at 4:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. H. Burmeister, M. D. (Degree or title)
22b. ADDRESS 1515 Lafayette Ave.
22c. DATE SIGNED 11/21/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Nov 23 56
23c. NAME OF CEMETERY OR CREMATORY New St.Marcus
23d. LOCATION (City, town, or county) St.Louis Cty Mo (State)

24. FUNERAL DIRECTOR E.J.Schnur ADDRESS 3125 Lafayette
25. DATE RECD. BY LOCAL REG. NOV 23 1956
26. REGISTRAR'S SIGNATURE Karl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas R. Fenwick

Licensed Embalmer No..

P. O. Address 3125 Z

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.