

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 31 1957

18588

STATE FILE NUMBER 4771

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

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Crystal City 05010		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital			Length of stay in 1b 19 days		3 ^d STREET ADDRESS 810 Taylor ave. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Benjamin Middle DeGeare Last DeGeare			4. DATE OF DEATH 5-17-57 Month Day Year			
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-29-1892		9. AGE (In years last birthday) 64 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) glassworker		10b. KIND OF BUSINESS OR INDUSTRY Glass		11. BIRTHPLACE (City and state or country) Crystal City, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Andrew DeGeare			14. MOTHER'S MAIDEN NAME Sarah Medley			
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. 489-03-4090		17. INFORMANT Address Brieda DeGeare, Crystal City, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus 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) Post operative left colectomy for Carcinoma colon 153x						INTERVAL BETWEEN ONSET AND DEATH ?
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 April 26th, 1957 to May 17th, 1957 and last saw him ^{her} alive on May 16th, 1957 Death occurred at 4:40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Decease or title) Donald T. Behrens M.D.			22b. ADDRESS 3606 Gravois, St. Louis 16, Mo.		22c. DATE SIGNED 5/17/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 5-19-57		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Crystal City, Mo.
24. FUNERAL DIRECTOR Cady, Crystal City, Mo.			25. DATE RECD. BY LOCAL REG. MAY 21 '57		26. REGISTRAR'S SIGNATURE J. Paul Smith M.D. S.P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Harvey Kahle*.....

Licensed Embalmer No. 459

P. O. Address Florissant

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.