

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041454

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11025

|   |                                  |   |   |   |   |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST. LOUIS, MO.</b>  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP. #1.</b>  |                                  | Length of stay in 1b<br><b>25</b>   | d. STREET ADDRESS (If outside, give location)<br><b>5330 Pershing Ave.</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) <b>LOUIS DEEKEN</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>11</b> Day <b>16</b> Year <b>58</b>  |   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>July 22, 1890</b>  |   | 9. AGE (In years last birthday)<br><b>68</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Unknown</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>Joseph Deeken</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Katherine Siebers</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>none</b>        |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give city, war or dates of service)<br><b>no none</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br><b>J. King Kent</b> Address <b>1693 Topping Rd.</b>  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cancer of Pancreas with grossed Intestinal Retardation</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>157X</b> |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 wk.</b><br><b>15 mos.</b>                    |
| 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<br>Hour _____ a.m. _____ p.m.   |                                  |   | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                    |   |   |
| 20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  |   | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY STATE  |
| 21. I attended the deceased from <b>10/16/58</b> to <b>11/16/58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>11/16/58</b><br>Death occurred at <b>6:28 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |   |   |
| 22a. SIGNATURE<br><b>James T. Adams, M.D.</b> (Degree or title)   |                                  |   | 22b. ADDRESS<br><b>1515 LAFAYETTE AVE</b>   |   | 22c. DATE SIGNED<br><b>11/19/58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>cremation</b>   |                                  | 23b. DATE<br><b>11-17-58</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Crematory</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b>            |
| 24. FUNERAL DIRECTOR<br><b>C.R. Lupton &amp; Sons</b>   |                                  | ADDRESS<br><b>7233 Delmar Blvd.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>11-17-1958</b> | 26. REGISTRAR'S SIGNATURE<br><b>J. Carl Smith MD</b><br><b>J.C.S.</b>                 |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Not Embalmed*  
*J. R. Lupton Jr.*  
Licensed Embalmer No. ....

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.