

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016044

STATE FILE NUMBER

FILED APR 27 1959

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

1119

300
-57

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|--|---------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN XXXXXXXXXX Kirkwood | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp | | Length of stay in 1b 12 days | d. STREET ADDRESS (If outside, give location) 536 S. Harrison | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last John Deadmond | | | 4. DATE OF DEATH Month Day Year April 23, 1959 | | |
| 5. SEX Male <input checked="" type="checkbox"/> | 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 8-19-1878 | | 9. AGE (In years) 80 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner | | 10b. KIND OF BUSINESS OR INDUSTRY Coal Mine | 11. BIRTHPLACE (City and state or country) Odin, Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Andrew J. Deadmond | | 13b. MOTHER'S MAIDEN NAME Sarah Smith | | 14. NAME OF HUSBAND OR WIFE Gertrude Deadmond | |
| 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. Unavailable | | 17. INFORMANT Dwight C. Deadmond-Ballwin, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>TRACHEBRONCHITIS & PLEURITIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>CONGESTIVE HEART FAILURE</u> DUE TO (c) <u>GENERALIZED ARTERIO SCLEROSIS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 501X 1 | | | | | 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 Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 <u>4-11-59</u> to <u>4-23-59</u> and last saw ^{her} him alive on <u>4-23-59</u> Death occurred at <u>8:10</u> A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>M.D. Holly M.D.</u> (Degree or title) | | | 22b. ADDRESS <u>601 S. Brentwood, Clayton, Mo</u> | | 22c. DATE SIGNED <u>4-23-1959</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE <u>4-25-59</u> | 23c. NAME OF CEMETERY OR CREMATORY Hillcrest Mem. Park | | 23d. LOCATION (City, town, or county) (State) Sandoval Twsp., Illinois |
| 24. FUNERAL DIRECTOR John J. Kassly | | ADDRESS E. St. Louis, Ill. | | 25. DATE RECD. BY LOCAL REG. <u>4-23-59</u> | |
| 26. REGISTRAR'S SIGNATURE John C. Murphy, M. D. | | | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Joseph J. Kasaly*

Licensed Embalmer No. *7541*

P. O. Address *E. St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.