

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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|--|--|---|---|---|--|---|--|--|--|----------------------------------|--|------------------------------|--|
| 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, | | Length of stay in 1b | | c. CITY OR TOWN St. Louis, | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital, St. Louis, | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 509 No. Spring Ave., | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Fred Middle Degenhardt, Last | | | | 4. DATE OF DEATH Month December Day 8, Year 1959 | | | | | | | | | |
| 5. SEX 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 1/8/1890 | | 9. AGE (last birthday) 69 | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | | 10b. KIND OF BUSINESS OR INDUSTRY Retired 10 Years, | | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri, | | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | |
| 13a. FATHER'S NAME Anton Degenhardt, | | | | 13b. MOTHER'S MAIDEN NAME Gertrude Kellerhoff, | | | | 14. NAME OF HUSBAND OR WIFE | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? No (If yes, give war or dates of service) | | | | 16. SOCIAL SECURITY NO. 490-36-9154 | | 17. INFORMANT Clem T. Degenhardt, 8946 Wilma, Affton, 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) Coronary Occlusion Coronary Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 420.1 DUE TO (c) | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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 _____, to _____ and last saw her/him alive on _____. Death occurred at 2:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Patrick C. Taylor | | | | 22b. ADDRESS 1300 Clark | | | | 22c. DATE SIGNED 12.10.59 | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial, | | 23b. DATE 12/11/59 | | 23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery, | | 23d. LOCATION (City, town, or county) St. Louis, Missouri, | | (State) | | | | | |
| 24. FUNERAL DIRECTOR Gecken-Benz Mortuary, | | | | ADDRESS 2842 Meramec St., St. Louis, 18, Mo. | | 25. DATE RECD. BY LOCAL REG. DEC 10 1959. | | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

72900

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 _____ **me** _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Looby Thompson*

Licensed Embalmer No. 4861

P. O. Address Clayton 5, 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.