WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22563

File No. 6207

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (Masonic Home, St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Keeling Dean

(a) Residence. No. 5351 Delmar St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dont Know.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1848-10-28

7. AGE: Years 78; Months 8; Days 24; If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hardingsbeg Ky.

PARENTS

10. NAME OF FATHER: Jno F. Dean

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Washington Co. Ky.

12. MAIDEN NAME OF MOTHER: Martha Morris.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Wilmoth Waller
(Address) 5351 Delmar

15. FILED JUL -6 1927 Mary C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1924, to July 4, 1927, that I last saw h. ..., alive on July 4, 1927, and that death occurred, on the date stated above, at 7:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular disease of the heart

92 Ds

(Duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900

(Duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

7/5 (Signed) D. F. Rice, M. D

, 1927 (Address) Lister Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cem.

DATE OF BURIAL: July 7 1927

20. UNDERTAKER: Alexander & Sons

ADDRESS: 6175 Delmar