

FILED APR 1 1940

No. 2  
11-10-39  
1-17-39  
I X21492DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

12362

Registration District No. 784Primary Registration District No. 200Registrar's No. 585

## 1. PLACE OF DEATH:

- (a) County St. Louis  
 (b) City or town Koch  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Robert Koch Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 21 days / 1  
 (Specify whether \_\_\_\_\_)  
 In this community 21 days  
 years, months or days)

3. (a) PRINT FULL NAME HUBERT DEAN 5003. (b) If veteran, name war None (c) Social Security No. 498-07-33334. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 16 1906  
(Month) (Day) (Year)8. AGE: Years 34 Months 1 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Perryville Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Clerk11. Industry or business Gambling establishment

12. Name Charles Dean  
 13. Birthplace Perryville Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Josephine Casell  
 15. Birthplace Perryville Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Frank Dean  
(b) Address 2306 Montgomery St17. (a) Burial (b) Date thereof Mar. 26  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Catholic cemetery18. (a) Signature of funeral director Charles J. Borders(b) Address 2228 St. Louis Ave19. (a) MAR 25 1940 (b) R. K. Meyer M.D. Supt  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2306 Montgomery  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1940 hour 3 minute 40 A M.21. I hereby certify that I attended the deceased from  
March 2, 1940, to March 23, 1940;  
that I last saw him alive on March 22, 1940;  
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary tuberculosis Duration July 1937

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy Pulmonary tuberculosis; Intestinal tuberculosis; Larynx and trachea tuberculosis.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

23. Where did injury occur? 707 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Clyde R. Misher M.D. (M. D. or other) MD  
Address Koch Hospital, Koch, Mo. Date signed 3-23-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Charles L. Cooper*

Licensed Embalmer No. *2777*

P. O. Address *H. L. Cooper*

**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 this body is not embalmed, above space should be left blank.**