

FILED JUN 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

17240

State File No. 4718

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Stone Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 days
(Specify whether
 In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME Anna M. Dean 500

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Marvin E. Dean 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased February 17, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 10 hr. _____ min.

9. Birthplace Lone Oak Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

12. Name Edward Slaughter

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edward C. Dean
 (b) Address 4029 Blaine Avenue

17. (a) Burial (b) Date thereof May 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm J. Robert & V. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) MAY 29 1940 (b) J. F. Brundage
(Date received local registrar) (Signature of registrar)

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. 4029 Blaine Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
 year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Jan 15 to Aug 27, 1940
 that I last saw her alive on Aug 27
 and that death occurred on the date and hour stated above. 1940

Immediate cause of death:
arteriosclerosis
hypertension
myocardial infarction
 Due to myocardial infarction

Due to _____
 Other conditions:
(Include pregnancy within 3 months of death)
1st

Major findings:
 Of operations _____
 Of autopsy _____

Duration

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 _____
 (c) Where did injury occur? _____
(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) (Cause of injury)

23. Signature J. F. Brundage (M. D. or other) _____
 Address 1446 S. Brent Date signed May 29 1940

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

John Hetter

Licensed Embalmer No. 3880

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