

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

Do not use this space.

30115

File No. 7392
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 003
City St. Louis (No. _____) City Hosp # 1

2. FULL NAME Edward L Dean

(a) Residence, No. 5826 Wabada Ave St. 6 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1st 40

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from 8-29, 1940 to 9-1-40, 19____
I last saw him alive on Sept 1st, 1940 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27th. 1882

to have occurred on the date stated above, at 9:40am

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>58</u>	<u>6</u>	<u>4</u>		

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance 934

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

Name of operation _____ Date of _____

13. NAME Bernard L Dean

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) _____

15. MAIDEN NAME Margaret Smith

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) _____

Manner of injury _____
Nature of injury _____

17. INFORMANT John J Dean (ADDRESS) 1847 Mullanphy St

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemt DATE 8/3/40 19____

(Signed) H. W. S. General, M. D.
(Address) City Hosp # 1

19. UNDERTAKER (ADDRESS) Herrigan & Sheahan Und Co
4415 Washington Blvd.

20. FILED SEP 3 1940 J. B. ... Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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signed