

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33795**
Registrar's No. **8492**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**
(b) City or town **St. Louis Mo.**
(c) Name of hospital or institution: **St. Anthony Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Days.**
In this community **Life.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **LeEtta Dean**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **494-01-4313**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Joseph Dean** 6. (c) Age of husband or wife if alive **42** years
7. Birth date of deceased **May 6th 1898**
(Month) (Day) (Year)

8. AGE: Years **42** Months **5** Days **7** If less than one day
hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business _____

12. Name **Frank Sands**

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

14. Maiden name **Ruth Wiggenton**

15. Birthplace **Terre Haute Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Dean**

(b) Address **9223 Gravois Ave.**

17. (a) **Burial** (b) Date thereof **Oct 16/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Cem. Pond Mo.**

18. (a) Signature of funeral director **Arthur A. Don**
(b) Address **2906 Gravois Ave.**

19. (a) **OCT 14 1940** (b) **J. B. Buehler**
(Date received local Registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **ST LOUIS**
(c) City or town **Jefferson Mo.** **NR**
(If outside city or town limits, write "RURAL")
(d) Street No. **9223 Gravois Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **13**
year **1940** hour **8** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **10/10**, 19**40** to **10/13**, 19**40**
that I last saw her alive on **10/12/40**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Peritonitis** **2 days**
Due to **Perforation of bowel**
Due to _____
Other conditions **NO**
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of Cervix Uteri**
Of operations _____
Of autopsy _____

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **Edward B. Buehler** (M. D. or other) **2nd**
Address **7408 1/2 Michigan Ave.** Date signed **10/13/40**

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.....

Leo Budde....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Leo Budde*
Licensed Embalmer No. *3989*
P. O. Address *St. Louis,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.