

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30, 1942
Registration District No. 720

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3850
Registrar's No. 40
Primary Registration District No. 4503

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 77 years (Specify whether years, months or days)
In this community 77 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Dickerson Dean
3. (b) If veteran, name war —
3. (c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12-18-41 day _____ hour 12 minute 30 P
21. I hereby certify that I attended the deceased from Nov 1938 19 _____ to 12-18-41 19 _____
that I last saw her alive on 12-17-41 19 _____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife James Madison Dean
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased November 8 1863
(Month) (Day) (Year)

Immediate cause of death Valvular Heart Disease
Duration 4 yrs

8. AGE: Years 78 Months 1 Days 10
If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions myocarditis 2 yrs
(Include pregnancy within 6 months of death)

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation House Keeper

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy 93d
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name John Dickerson
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Cotton
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Acacia Jolley
(b) Address St. Louis, Mo.

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? _____

(c) Place: burial or cremation Burial
(b) Date thereof Dec. 20, 1941
(Month) (Day) (Year)
(a) Signature of funeral director Sheeping, Mo.
(b) Address St. Louis, Mo.
19. (a) Dec 20-41 (b) Ruth Jolley
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury 0
23. Signature A. M. Hood (M. D. or other) _____
Address St. Louis Date signed 12-18-41

749

RECEIVED

District Health Officer No. 10

District File Number 1-43-151

Date Filed JAN 27 1942

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

Signed.....E. Hayes.....
Licensed Embalmer No. 1437
P. O. Address Shelburne, Mo.

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, fact should be so stated above.