

FILED NOV 16 1942 318

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Week  
(Specify whether  
In this community 30 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 2830 Lafayette Ave.  
(If rural, give location) 279  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Minnie Dean Deam

3. (b) If veteran, name war No.

(c) Social Security No. None.

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

6. (b) Name of husband or wife Frank Dean 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 20 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 2 13 hr. min.

9. Birthplace Illinois / (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Hall

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

14. Maiden name Susin Dill

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

16. (a) Informant Frank Dean

(b) Address 2830 Lafayette Ave.

17. (a) Burial (b) Date thereof 11-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Illinois

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 5 1942 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3  
year 1942 hour 1 30 minute 35 A.M.

21. I hereby certify that I attended the deceased from October 31 1942 to November 3 1942  
that I last saw h. er alive on November 3 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Arteriosclerosis, general

Due to Asphyxiation  
Other conditions (Include pregnancy within 3 months of death) Asphyxiation

Major findings: Of operations Asphyxiation  
Of autopsy Asphyxiation

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? .....

(Specify type of place) While at work? (Specify type of place) Means of injury 0

23. Signature J. F. Bredek (M. D. or other) 0

Address BARNES HOSPITAL Date signed .....

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

MOTHER FATHER

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**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

**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.**