S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4253

Registration District No. 317 Primary Registration District No. 3065 Registrar's No. 347

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town GLENDALE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence; 1125 No. Berry Road.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town GLENDALE
(If outside city or town limits, write "RURAL")
(d) Street No. 1125 No. Berry Road
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME LEE WALLACE DEAN

3. (b) If veteran, name war WORLD WAR # I. 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife ELLA BAILEY DEAN 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased MARCH (Month) 27 (Day) 1873 (Year)

8. AGE: Years 70 Months 10 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace MUSCATINE (City, town, or county) IOWA (State or foreign country)

10. Usual occupation PHYSICIAN M.D.

11. Industry or business ____

FATHER
12. Name HENRY MUNSON DEAN
13. Birthplace unknown (City, town, or county) CONN. (State or foreign country)

MOTHER
14. Maiden name EMMA JOHNSON
15. Birthplace unknown (City, town, or county) PA. (State or foreign country)

16. (a) Informant DR. L.W. DEAN JR.
(b) Address 1125 NO. BERRY RD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 11/44 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CEMETERY

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) FEB 10 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th year 1944 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from June 1942 to Feb. 9 1944 that I last saw him alive on Feb. 8 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease with Coronary Insufficiency Ed — Duration 4 yrs

Due to Hypertension

Due to ____

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy — 93d

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? — (e) Means of injury —

23. Signature Louis J. Aitken (M. D. or other)
Address 3720 Washington St. Louis Mo. Date signed 2-9-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. F. Aitken.
3720 Washington
JE-6113
Hrs. 1 to 5 P.M.

MAY 2 1944

JUL 31 1944

JUN 16 1944

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - M

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.