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 19 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8224

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 394

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans' Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Adm. Dec. 28, 1943 (Specify whether years, months or days)
In this community: Since Dec. 28, 1943

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

3. (a) PRINT FULL NAME: D E A N, George C.
3. (b) If veteran, name war: W.W. #1
3. (c) Social Security No. 300-01-4195
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of wife: Mrs. Bertha Dean,
6. (c) Age of wife if alive: 43 years
7. Birth date of deceased: January (Month) 30, (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
45	0	13	hr. min.

9. Birthplace: Waynesville, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Car Builder
11. Industry or business: - -
12. Father Name: William Dean,
13. Father Birthplace: unknown (City, town, or county) Pennsylvania, (State or foreign country)
14. Mother Maiden name: Anna Wood,
15. Mother Birthplace: unknown (City, town, or county) Arkansas. (State or foreign country)
16. (a) Informant: Mr. Schilling Cl. Clerk,
(b) Address: Vets. Adm. Fac., Jeff. Brks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2--16-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery, Jefferson Barracks, Mo.
18. (a) Signature of funeral director: C. Hoffmeister U. & L.
(b) Address: 7814 South Broadway, St. Louis, Mo.
19. (a) FEB 16 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th year 1944 hour 6:25 PM. minute M.
21. I hereby certify that I attended the deceased from December 28, 1943 to February 13, 1944 that I last saw him alive on February 13, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA OF THE STOMACH, WITH METASTASES TO LIVER AND MEDIASTINUM. — Duration: UNKNOWN
Due to: - -
Due to: - -
Other conditions: NONE (Include pregnancy within 3 months of death)
Major findings: Of operations: No operation
Of autopsy: No autopsy.

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): No.
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work (Specify type of place) (e) Means of injury: 0
23. Signature: L.M. COCHRAN, M.D. (M. D. or other)
Address: Chief Medical Officer, Date signed: 2-14-44

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(Licensed Embalmer's Statement on Reverse Side)

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 Louis C. Hoffmeister, Registered Apprentice No. _____, working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.