V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28955

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3600

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (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 17 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1435 a R Franklin 9
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Dean

3. (b) If veteran, name war –

3. (c) Social Security No. –

4. Sex Female 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Albert Dean

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 8- -4 -1901 (Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Valismine (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business in Home

FATHER
12. Name Jerome Taylor
13. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)

MOTHER
14. Maiden name Mary Fulton
15. Birthplace Valismine (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Albert Dean - husband
(b) Address 1435aR Franklin Ave. St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Wash. Park Cem.

18. (a) Signature of funeral director Marie Riley
(b) Address 3759 Finney Ave. St. Louis Mo.

19. (a) OCT 5 1945 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2 year 1945 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 29, 1945 to Oct. 2, 1945; that I last saw her alive on Oct. 2, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrovascular Accident	Unk
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None	

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 L. E. Courtney (M. D. or other)
Address 2631 N. Whittier Date signed 10/5/45

(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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Lawrence E Woodson

Licensed Embalmer No. 4341

P. O. Address 4431 Garfield 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.