S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28956

FILED SEP 28 1945

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8104

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

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1. PLACE OF DEATH:

(a) County St. Louis

(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: City Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day (Specify whether

In this community 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ~~St. Louis Co.~~

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 707 SO Broadway (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Helen Dean

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased Unknown (Month) 21 (Day) 1874 (Year)

8. AGE: Years About 52 | Months | Days | If less than one day hr. min.

9. Birthplace Colombus, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Whitney
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Geo. W. McClain

(b) Address 707 So Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2317 - Lafayette

19. (a) SEP 17 1945 (Date received local registrar) (b) J. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1945 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull subdural hemorrhage of brain when she walked into the side of a Street Car being operated by one Harvey Whittaker at the intersection of Chouteau & Sixth Street around 1.56 a.m. Sept 15 1945

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 171 a 8

Of autopsy 31

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) Accident

(b) Date of occurrence Sept 15 1945 000

(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)

While at work? (e) Means of injury Co. Obrn

23. Signature Patrick E. Taylor (M. D. or other)

Address Dep. Cor. Date signed 9/17/45

(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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.