

No. 2
-5-43
5-17-39
I X36671

FILED JAN 25 1946
318

Registration District No. **318** Primary Registration District No. **1003**

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:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs. 6 mos. 2 ds.
In this community 24 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME FRANK DEAN
3. (b) If veteran, name war Nil 3. (c) Social Security No. Unknown
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dorlis Dean 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Sept 9 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan, day 16
year 1946 hour 5.45 minute A. M.
21. I hereby certify that I attended the deceased from July 1st 1945 to Jan. 16, 1946
that I last saw h. im alive on Jan. 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Due to Arteriosclerotic Heart Disease 7/14/41x
Due to Arteriosclerosis generalized 7/14/41x
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy.....
PHYSICIAN.....
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
63 4 7 hr. min.
9. Birthplace Lowry City Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business.....
12. Name not known
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known 9
(City, town, or county) (State or foreign country)
16. (a) Informant Singler
(b) Address 5400 Arsenal St.
17. (a) Burial (b) Date thereof 1-19-46
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JAN 16 1946 (b) J. F. Brieder
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) (c) Means of injury 0
23. Signature Cyrus Pachter (M. D. or other) 0
Address 5400 Arsenal Date signed 1/16/46

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

MOTHER FATHER

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.....

Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.