

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: De Paul Hosp.  
(d) Length of stay: In hospital or institution  
In this community

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 5107 Labadie Ave.  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Mary Joan Dean  
3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. 7 day 7  
year 1946 hour 4 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Dec. 7, 1946 to Dec. 7, 1946  
that I last saw her alive on Dec. 7, 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased November 23 1946  
(Month) (Day) (Year)

Immediate cause of death  
Premature Birth  
Due to  
Due to  
Other conditions  
Major findings:  
Of operations  
Of autopsy  
Duration  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
0 0 14 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Rolla Dean  
13. Birthplace St. Louis Missouri  
14. Maiden name Catherine Moriority  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Rolla Dean  
(b) Address 5107 Labadie Ave.

17. (a) Burial (b) Date thereof 12/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll  
(b) Address 4600 Natural Bridge Ave.

19. (a) DEC 9 1946 J. F. Bredick  
(Date received local registry) (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?  
(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  
23. Signature William O. Maxwell M.D.  
Address 3625 Fair Ave Date signed 12/9/46

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

**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.....

*Paul C. Hoffman*

Licensed Embalmer No.....

*4366*

P. O. Address.....

*St. Louis, Mo*

**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.**