

FILED AUG 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7023

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

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: St. Anthony's Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 6965 Oleatha (If rural, give location) 9
(e) If foreign born, how long in U. S. A. _____ years 0

3. (a) PRINT FULL NAME Infant Phillip Dean

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 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 July 27 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 21 hr. min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Gilson Dean ?
13. Birthplace Unknown ?
(City, town, or county) (State or foreign country)
14. Maiden name Justine Schaefer
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Frank J. Schaefer
(b) Address 6965 Oleatha

17. (a) Burial (b) Date thereof July 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery
C. Hoffmeister Colonial Mortuary

18. (a) Signature of funeral director _____
(b) Address 6464 Chippewa St.

19. (a) JUL 29 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1947 hour 8 minute A M.

21. I hereby certify that I attended the deceased from July 28, 1947, to July 28, 1947; that I last saw him alive on 7/27, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Intracranial hemorrhages

Due to Brain trauma

Due to 1/1/1

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy Same

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 no
(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)
(e) Means of injury 0

23. Signature W. H. ... (M. D. or other) _____
Address 3804 Wilshire Ave Date signed 7/28/47

Dr. W. Wetawa
3806 Wilmington

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.

Remains not embalmed Signed.....

Licensed Embalmer No.....

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, above space should be left blank.