. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2425

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 75

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 6 # YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1010 a Missouri AVE.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Walter Dees, JR,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race Col

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

6. (b) Name of husband or wife VEATRIES DEES

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased MAR (Month) 4 (Day) 1905

8. AGE: Years 42 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation LABOR

11. Industry or business

FATHER
12. Name WALTER DEES
13. Birthplace Miss (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ROSE WILLIAMS
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant VEATRIES DEES
(b) Address 1010 a Missouri ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 9/48 (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD CEM

18. (a) Signature of funeral director E. A. GREEN
(b) Address 4214 DELMAR BL

19. (a) JAN 5 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 29, 1947, to January 2, 1948; that I last saw him alive on January 2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Subacute bacterial endocarditis	
Due to Strep. viridans	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause of 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 F R Bradley (M. D. or other)
Address Barnes Hospital, Date signed 1/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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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 Guyton H. Swan Registered Apprentice No. 101, working under my personal supervision.

Signed F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4714 Delmar

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.