V. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

30944

State File No. 7841

FILED SEP 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
Missouri Baptist O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community about two years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay 23
(If outside city or town limits, write "RURAL")

(d) Street No. 9837 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillie Dean

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Andrew

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

7. Birth date of deceased December (Month) 9, (Day) 1874 (Year)

8. AGE: Years 73 Months 8 Days 24 If less than one day hr. min.

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

10. Usual occupation house work

11. Industry or business at home

FATHER
12. Name Henry Stephenson
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Sahara Reeder
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mr. Dean, son John Dean
(b) Address 9837 S. Broadway

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Vernon, Ill.

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) SEP 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2d, year 1948 hour 7:25 minute 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 PeriNephritic Abscess, Paralytic Ileus.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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
(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 [signature] (M. D. or other)
Address [signature] Date signed 9/4/48

(Licensed Embalmer's Statement on Reverse Side)

1182

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 Van M Seymour

Licensed Embalmer No. 4343

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.