FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH 1003

Primary Registration District No.

34049
State File No.
8928
Registrar's No.

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 3721 Hartford St., (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 3721 Hartford St., (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EUGENE G. DEAN,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male, D

5. Color or race White,

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

6. (b) Name of husband or wife Belle B. Dean

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

7. Birth date of deceased May (Month) 3, (Day) 1863 (Year)

8. AGE: Years 85 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation Manufacturer,

11. Industry or business Retired 15 Years,

MOTHER FATHER

12. Name Owen M. Dean,

13. Birthplace Ireland, (City, town, or county) (State or foreign country)

14. Maiden name Mary Kilker,

15. Birthplace Ireland, (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Owen M. Dean, D.D.S.

(b) Address 4937 Itaska St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2842 Meramec St.,

19. (a) OCT 14 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th year 1948 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1945, to Oct 13, 1948, that I last saw him alive on Oct 7, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	3 wks
Due to Arteriosclerotic Heart disease	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 (M. D. ~~or other~~)

Address 607 N. Grand Date signed 10-14

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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 me, Registered Apprentice No. working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., St. Louis, 18, 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.