

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2709

FILED JAN 26 1952

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1003

State File No.

0484

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3428 HALLIDAY AVE</u>				d. STREET ADDRESS (If rural, give location) <u>3428 HALLIDAY AVE</u>			
3. NAME OF DECEASED a. (First) <u>KATHRYN</u> (Type or Print)		b. (Middle) <u>C</u>		c. (Last) <u>DEAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 14 1952</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>OCT 31-1882</u>	
9. AGE (in years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ALTERATIONS DEPT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GREENFRIENDS - DRESS</u>		11. BIRTHPLACE (State or foreign country) <u>ASHLAND PENN.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>MARTIN DEAN</u>		13b. MOTHER'S MAIDEN NAME <u>EVELYN MC GANTRY</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>493-24-0754</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Dean</u> ADDRESS <u>3428 Halliday</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>several</u> <u>years.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HFX</u>			
22. I hereby certify that I attended the deceased from <u>March 15, 1951</u> to <u>Jan 14, 1952</u> , that I last saw the deceased alive on <u>Jan 14, 1952</u> , and that death occurred at <u>8:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. W. W. W.</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3606 Charmin</u>		23c. DATE SIGNED <u>1/16/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN-17-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>JAN 16 1952</u>		REGISTRAR'S SIGNATURE <u>Earl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Robert L. & G. C.</u> ADDRESS <u>1905 So Grand</u>			

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John Ketter

Signed.....
Student Embalmer

Licensed Embalmer No...3880

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.