

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21903

FILED JUL 2- 1952

State File No. \_\_\_\_\_  
Registry No. 5766

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registry No. 5766	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo			c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2029				
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL 2				d. STREET ADDRESS (If rural, give location) 6232 GRAYOIS					
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH			b. (Middle) W.		c. (Last) DEAN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 18 1952	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 5 1898		9. AGE (In years if UNDER 1 YEAR last birthday) 53 Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST			10b. KIND OF BUSINESS OR INDUSTRY MCDONALD AIRCRAFT			11. BIRTHPLACE (City and State or Foreign Country) MISSOURI U		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME JOSEPH DEAN			13b. MOTHER'S MAIDEN NAME VIOLA			14. NAME OF HUSBAND OR WIFE BLANCHE DEAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. 497-03-8978		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BLANCHE DEAN 6232 GRAYOIS				
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) Coronary Thrombosis  ANTECEDENT CAUSES DUE TO (b) none DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none						INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____ 4201				
22. I hereby certify that I attended the deceased from 6/16 1952, to 6/18 1952, that I last saw the deceased alive on 6/18 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.									
23a. SIGNATURE W. H. Demko, M.D. (Degree or title)				23b. ADDRESS 3450 9th Ave			23c. DATE SIGNED 6/22/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JUNE 21 1952		24c. NAME OF CEMETERY OR CREMATORY BETHEL CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
DATE REC'D BY LOCAL REG. JUN 20 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Gravois				

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Leo J. Budd*

Licensed Embalmer No. *3989*

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.