

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21904

State File No. 6087

6087

| | | | | | | | |
|---|--|---|--|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>910</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | 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 or township) <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) <u>10 months</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Missouri</u> | | <u>2139</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary</u> | | | | d. STREET ADDRESS (If rural, give location) <u>13 5800 Arsenal</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lulu</u> b. (Middle) <u>Dean</u> c. (Last) <u>Dean</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-26-52</u> | | | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>colored</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> | | 8. DATE OF BIRTH <u>About 1877</u> | |
| 9. AGE (In years last birthday) <u>75?</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 28 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri, Warrenton</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Joe Stewart</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Louise Unknown</u> | | | 14. NAME OF HUSBAND OR WIFE <u>David Dean</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Nil</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Theodore Stewart, St. Louis, Mo.</u> | | ADDRESS _____ | |
| 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>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Sept 2, 1950</u> |
| 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 <u>4200</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>8-14</u> , 19 <u>51</u> , to <u>6-26-52</u> , 19____, that I last saw the deceased alive on <u>6-26-52</u> , 19____, and that death occurred at <u>10:10 P.M.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Name or title) <u>Palmer Norman Bowditch M.D.</u> | | | | 23b. ADDRESS <u>5800 Arsenal Saint Louis</u> | | 23c. DATE SIGNED <u>6-16-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>6-28-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City</u> | | 24d. LOCATION (City, town, or county) (State) <u>Warrenton, Missouri.</u> | |
| DATE REC'D BY LOCAL REG. <u>JUN 28 1952</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> | | ADDRESS <u>4700 Washington</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

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.