No. 300
10-48

FILED OCT. 4 1952
XC 2 987 663
REG # 104378
BIRTH NO.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33787

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2492

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (In this place): 35 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 8306 RIELLY AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): L.
c. (Last): DEAN

4. DATE OF DEATH (Month) (Day) (Year): 9 26 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 4-4-10

9. AGE (In years last birthday): 42 YRS. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELDER

10b. KIND OF BUSINESS OR INDUSTRY: RR BOXCAR MANUFACTURER

11. BIRTHPLACE (City and State or Foreign Country): ELDORADO, ILLINOIS

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: THOMAS DEAN

13b. MOTHER'S MAIDEN NAME: ANNA BISHOP

14. NAME OF HUSBAND OR WIFE: ELLENDER DEAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES PEACETIME

16. SOCIAL SECURITY NO.: 500189604

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA HOSPITAL RECORDS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CARCINOMA LUNG WITH METASTASES — INTERVAL BETWEEN ONSET AND DEATH: 5 MOS.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): 162X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-3-52

19b. MAJOR FINDINGS OF OPERATION: INOPERABLE CARCINOMA LUNG

20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* 8-21, 1952, *to* 9-26, 1952 *and that death occurred at* 9:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. J. BUSHNELL (Degree or title): M.D.

23b. ADDRESS: VET ADM HOSP., JEFF BRKS. MO.

23c. DATE SIGNED: 9-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal motor

24b. DATE: 9-27-52

24c. NAME OF CEMETERY OR CREMATORY: Unk

24d. LOCATION (City, town, or county) (State): Elderado, Ill.

DATE REC'D BY LOCAL REG.: 9-27-52

REGISTRAR'S SIGNATURE: Herbert R. Homke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Southern Funeral Home 6322 S. Grand St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer, No. 4342

P. O. Address 6322 So Grand

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.