

Health, Welfare Public Service

300

1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035042

STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2410

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hillsdale</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hillsdale 4161</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2145 Oakdale</b>		Length of stay in 1b <b>1 year</b>	d. STREET ADDRESS (If outside, give location) <b>2145 Oakdale</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>M.</b> Last <b>DEAN</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>17,</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 25, 1873</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>	11. BIRTHPLACE (City and state or country) <b>Old Mines, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Nicholas Hays</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Bellfield</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph J. Dean</b>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-18-5343</b>	17. INFORMANT <b>Mrs. John Blake, 2145 Oakdale, St. Louis 20</b> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Old Myocardia</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>✓</b>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>✓</b>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>	20f. CITY, TOWN, OR LOCATION <b>✓</b>	COUNTY	STATE
21. I attended the deceased from <b>9-2-57</b> to <b>9-17-58</b> and last saw her alive on <b>8-29-58</b> Death occurred at <b>5:30 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>Joseph J. Dean</b> (Degree or title)		22b. ADDRESS <b>6201 Lottin</b>	22c. DATE SIGNED <b>9-17-58</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/19/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	23d. LOCATION (City, town, or county) <b>Kirkwood, Mo.</b>	(State)
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24. FUNERAL DIRECTOR <b>Louis H. Popp, Inc. Kirkwood</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>9-18-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Danke M.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 .....  
Signature of Student Embalmer

Signed *Francis J. Myland Jr.*

Licensed Embalmer No. *4512*

P. O. Address *Richwood, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.