

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-011903

STATE FILE NUMBER

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 591

FILED VS MAR 14 1961

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AFFTON		Length of stay in 1b	c. CITY OR TOWN MEHLVILLE (RURAL)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MILLER NURSING HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5821 TELEGRAPH ROAD		
3. NAME OF DECEASED (Type or print) First Middle Last WILLIE ELSWORTH DEDMAN			4. DATE OF DEATH Month Day Year FEBRUARY 27, 1961			
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/18/1881	9. AGE (last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY CAR INSPECTOR		11. BIRTHPLACE (City and state or country) WINSLOW, INDIANA	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME SCOTT DEDMAN		13b. MOTHER'S MAIDEN NAME ANGELINE (LAST UNKNOWN)		14. NAME OF HUSBAND OR WIFE ELIZABETH DEDMAN (NEE PAUL)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS. ELIZABETH DEDMAN SEE #2			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-Vas. Disease.					INTERVAL BETWEEN ONSET AND DEATH 2 mos.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Men. Ret. & Diabetes					0	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chol. Hepat. theophyl. Prost. etc.				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)				
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from Dec. 28.60 to Feb. 27.61 and last saw ^{him} alive on Feb. 27.61 . Death occurred at 9:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) J.H. Boek - M.D.			22b. ADDRESS 1504 P. Grand		22c. DATE SIGNED 2/28/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-2-61	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 CHIFFEWA STREET ST. LOUIS, MISSOURI		25. DATE RECD. BY LOCAL REG. 3-2-61	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address St. Louis,

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.