

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023431

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1705 STATE FILE NUMBER

FILED JUL 5 1961

1. PLACE OF DEATH
 a. COUNTY **St. Louis**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Richmond Hts.** Length of stay in 1b **1 1/2 Days**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Mary's Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **St. Louis**
 c. CITY OR TOWN **Olivette** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **#21 Tealwood** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
FLORENCE M. DEAN

4. DATE OF DEATH Month Day Year
June 18 1961

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **4-24-1915** 9. AGE (last birthday) **46** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and state or country) **Columbia, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Stoddard Payne** 13b. MOTHER'S MAIDEN NAME **Wallace Hawkins** 14. NAME OF HUSBAND OR WIFE **Lorett M. Dean**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT Address **Lorett M. Dean #21 Tealwood**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Metastatic Melanoma to Brain** INTERVAL BETWEEN ONSET AND DEATH **1 month**
 DUE TO (b) **Primary Melanoma Rt Shoulder** **7 months**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour Month, Day, Year
 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 6/16/61 to 6/18/61 and last saw her alive on 6/17/61
 Death occurred at 5:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Martin G. Christian MD** 22b. ADDRESS **634 N. Grand** 22c. DATE SIGNED **6/19/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **June 21, 1961** 23c. NAME OF CEMETERY OR CREMATORY **SUNset Burial Park** 23d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

24. FUNERAL DIRECTOR ADDRESS **Kriegshauser 9450 Olive St. Road** 25. DATE RECD. BY LOCAL REG. **6-19-61** 26. REGISTRAR'S SIGNATURE **J. B. Murphy M.D.**

(Licensed Embalmer's Statement on Reverse Side)

STATE FORM NO. 101 (REV. 1-55) INSIDE OF DOCUMENT BY AFFIDAVIT OF SHOULD READ ITEM NO.

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 R. W. Stovesand

Licensed Embalmer No. 4007

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.