

FEB 25 1941
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
2928 Lawton Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community unavailable
years, months or days)

3. (a) PRINT FULL NAME Matilda C. Dean

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife W.P. Dean

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 10th. 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66	8	5	hr. min.
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9. Birthplace Clarendon / Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Private

MOTHER FATHER {

12. Name Unavailable

13. Birthplace Unavailable
(City, town, or county) (State or foreign country)

14. Maiden name Martha Graham

15. Birthplace Clarendon / Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Carter H. Caruth

(b) Address 2928 Lawton Ave.

17. (a) Burial (b) Date thereof 1 21 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director _____
(b) Address 4107 Finney Ave.

19. (a) JAN 19 1941 (b) J. F. Bredack
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2117

(d) Street No. 2928 Lawton Ave.
(If rural, give location) 9

(e) Matilda C. Dean years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th.
year 1941 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Bronchopneumonia
Pulmonary tuberculosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Alfred Perry (M. D. or other) 3

Address Deputy Coroner Date signed 1/18/41

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.....

James A. Johnson

Registered Apprentice No.

working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No.

3522

P. O. Address.....

4107 Finney Ave.

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.