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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19621

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 568

1. PLACE OF DEATH:
(a) County: BUCHANAN
(b) City or town: ST. JOSEPH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 mo. 6 days (Specify whether years, months or days)
In this community: 8 months 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 3309 Delmar (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Bertha Dean
3. (b) If veteran, name war: —
3. (c) Social Security No.: NONE

4. Sex: F
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: James Dean
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Unknown (Month) Unknown (Day) 1884 (Year)

8. AGE: Years 57 | Months Unknown | Days | If less than one day hr. min.

9. Birthplace: Murphysboro (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. Name (Father): John Henry
13. Birthplace (Father): Grand Tower (City, town, or county) Ill. (State or foreign country)
14. Maiden name (Mother): Isabelle Gadford
15. Birthplace (Mother): Grand Tower (City, town, or county) Ill. (State or foreign country)
16. (a) Informant: James Dean
(b) Address: 3309 Delmar St Louis
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation: St Louis Mo.
18. (a) Signature of funeral director: Ramsey Son Mort.
(b) Address: 1602 Mesanie St St Louis Mo
19. (a) 6/1/41 (Date received local registrar) (b) H. J. Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1941 hour 08 minute 05 A.M.

21. I hereby certify that I attended the deceased from Sept 24 1940, 19..., to May 30, 1941; that I last saw her alive on May 29, 1941, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia Secondary	2 days
Due to: Coronary Occlusion	3 days
Due to: —	
Other conditions (Include pregnancy within 3 months of death): Syphilis Central Nervous System	8 mo.

Major findings:
Of operations: —
Of autopsy: —

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: Herbert C. Lance (M. D. or other) M.D.
Address: Hale Hosp #2 St Joseph Date signed: 5-30-41

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed: S. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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