No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40460

Registration District No. DEC JAN 24 1941 791

Primary Registration District No. 1003

Registrar's No. 10212

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: City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 11 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3908 Lincoln Ave 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mildred Josephine Dean

3. (b) If veteran, name war

3. (c) Social Security No. 488-05-0393

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife James Dean

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

7. Birth date of deceased 10- (Month) 5- (Day) 1904 (Year)

8. AGE: Years 37 Months 2 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business Ward Baking Co

MOTHER FATHER
12. Name Michael Hickey
13. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary O'Toole
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. Donald Dean
(b) Address 3908 Lincoln Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan
(b) Address 2849 No Euclid Ave

19. (a) DEC 24 1941 (Date received local registrar) (b) J. F. Bubeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd year 1941 hour 8 minute 30 A. 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 1st 3rd Degree Burns of entire body When Deceased Clothing became Ignited While smoking a Cigarette in Bed at her Home 3908 Lincoln ave on 11/30/41 About 1:45 am

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 18 15

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) Accident
(b) Date of occurrence 11/30/41 St Louis MO
(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? Home
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature Alfred G Perry (M. D. or other)
Address Deputy Coroner Date signed 12/24/41

(Licensed Embalmer's Statement on Reverse Side)

Coroner's Office

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

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

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