

FILED MAY 4 1942

Registration District No. 104

Primary Registration District No. 109

Registrar's No. 938

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3118 Sutton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3118 Sutton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Hannah W. Dean

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Dean 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 23, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 2 hr. _____ min.

9. Birthplace Belleville, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jos. Davis

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

14. Maiden name Ruth Williams

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George Dean

(b) Address 3118 Sutton

17. (a) Burial (b) Date thereof 4-27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) APR 27 1942 (b) C. H. McHarran
(Date received in registrar's office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1942 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 4-16-42
1942, to 4-25, 1942
that I last saw her alive on APRIL 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs.

Due to 938
Due to _____

Other conditions Acute Laryngitis 1 Month
(Include pregnancy within 3 months of death)

Acute Bronchitis

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature T. H. Usher (M. D. or other) M.D.

Address 2816 Sutton Ave Date signed 4-25-42

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

53

APR 7 1950

NOV 8 1950

OCT 19 1950

MAY 26 1950

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 A. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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, above space should be left blank.