V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35300

FILED DEC 11 1942 818

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 9832

1. PLACE OF DEATH:

(a) County ____

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

(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 27 days (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED: 000 17 7 18

(a) State Missouri (b) County ____

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

(d) Street No. 3029 Laclede
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Anna Laura Dean

3. (b) If veteran, name war no

3. (c) Social Security No. no card

4. Sex Female

5. Color or race Col. 3

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

6. (b) Name of husband or wife Dr. Perry Dean

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 14, 1900 (Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Humboldt Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Jerry Bobbit
13. Birthplace Humboldt Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Pitts
15. Birthplace Humboldt Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Perry Dean

(b) Address 3039 Laclede Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1942 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wright's Funeral Home

(b) Address 3100 Easton Ave.

19. (a) NOV 25 1942 (Date received local registrar) (b) J. J. Budreck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21, year 1942 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 25, 1942, to November 21, 1942, that I last saw her alive on November 21, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease	Unk.
Due to: Coronary Heart Disease	Unk.
Due to: Auricular Fibrillation	Unk.
Other conditions (Include pregnancy within 3 months of death)	
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 0

23. Signature S. E. Smith (M. D. or other)

Address 260 Wheeler Date signed 11/23/42

(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 William C. McDowell, Registered Apprentice No.....,
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address.....

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.