

FILED NOV 23 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9480

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether _____)
In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000
17
921
(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 719 N. 22nd Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Maggie Dean
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 9,
year 1942 hour 1 minute 22 P. M.
Nov.

4. Sex Female 5. Color or race Negro
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 Unk. years
7. Birth date of deceased March 18, 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3, 19 42 to November 9, 19 42
that I last saw her alive on November 9, 19 42;
and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<u>38</u>	<u>7</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death Malignant hypertension
Duration Unk.

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

Due to _____
Due to 102.

10. Usual occupation Housewife

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

11. Industry or business _____

MOTHER FATHER {
12. Name Dennis Meadows
13. Birthplace Ky. (State or foreign country)
14. Maiden name Mattie Steven
15. Birthplace Tenn. (State or foreign country)

Major findings: Of operations
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Stora Heany
(b) Address 719 N. 22nd St.

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? _____

17. (a) Removal (b) Date thereof Nov 12 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis Ill

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

18. (a) Signature of funeral director J. Marshall
(b) Address 2205 N. Olive East St Louis Ill
19. NOV 13 1942 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature J. E. Smith (M. D. or other)
Address 2601 N. Webster Date signed 11/9/42

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

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 Lyda Hughes
Licensed Embalmer No. 29938
P. O. Address St Louis mo

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.