

S. No. 2
DOM-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16005

FILED JUN 14 1943

State File No. 5194
Registrar's No.

Registration District No. 313 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 3747 Cook Avenue.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Dave Dean
(b) If veteran, name war (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 4
year 1943 hour 7:40 minute A.M.

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Dean 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March 4 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Aortic Regurgitation, Cardiac Hypertrophy; Fracture of left femur; suffered when he fell in the yard at his home in Truesdale, Mo. May 23, 1943, about 10:00 o'clock AM
Due to ACCIDENT.

8. AGE: Years Months Days If less than one day
75 3 1 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Unknown Dean

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

14. Maiden name Unknown

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

16. (a) Informant Lula Dean

(b) Address 3747 Cook Avenue.

17. (a) Burial (b) Date thereof 6/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JUN 5 1943 (b) J. F. Burch
(Date received local registration) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT 109

(b) Date of occurrence 5-23-1943

(c) Where did injury occur? Truesdale, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

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

23. Signature Thomas F. Callahan (M.D. or other)

Address Deputy Coroner Date filed 5-4-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Albert G. Hoffe*

Licensed Embalmer No..... *2971*

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.