

FILED JUN 9 1944

State File No.

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 4948

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1218 So. Boyle Ave.
(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)

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Henry Dean 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 25th 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 4 If less than one day
hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Milligan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Julia Owens

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Dean

(b) Address 1218 So. Boyle Ave.

17. (a) Burial (b) Date thereof 5-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
MAY 29 1944 (c) J. F. Budek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1218 So. Boyle Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1944 hour 3:40 minute A.M. M.

21. I hereby certify that I attended the deceased from 5-25
1944 to 5-29 1944

that I last saw her alive on 5-28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions Septicemia
(Includes pregnancy within 3 months of death)

Major findings: Hypertension

Of operations _____

Of autopsy _____

Duration

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 _____

23. Signature J. F. Budek (M. D. or other) _____

Address 2700 Kingshighway Date signed 5-29-44

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

43
39
5697

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 Richard W. Storson

Licensed Embalmer No. 4007

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.