S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1946 318

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38525

Registrar's No. 9881

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1827 LONGFELLOW BLVD. (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: 17

(c) City or town: ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No.: 1827 LONGFELLOW BLVD. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: MARGARET R. DEAN

3. (b) If veteran, name war: NO

3. (c) Social Security No.

4. Sex: FEMALE

5. Color or race: W

6. (a) ~~Single~~, widowed, married, divorced: WIDOW

6. (b) Name of husband or wife: GEORGE J. Dean Sr.

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

7. Birth date of deceased: AUG (Month) 3 (Day) 1871 (Year)

8. AGE: Years 75 Months 3 Days 15 If less than one day hr. min.

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

10. Usual occupation: nil

11. Industry or business

MOTHER FATHER

12. Name: WM. RIGNEY

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

14. Maiden name: Margaret UNKNOWN

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

16. (a) Informant: Mr Geo. J. Dean Jr.

(b) Address: 1827 Longfellow Blv.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: NOV-20-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Dowagiac Mich.

18. (a) Signature of funeral director: E. J. Schmur

(b) Address: 3125 Lafayette Av.

19. (a) NOV 20 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1946 hour 4 minute 45 p.m.

21. I hereby certify that I attended the deceased from November 1, 1946, to November 18, 1946, that I last saw her alive on November 18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Cardio-Vascular-Renal Disease	?
Due to: Usual	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Spastic Paraplegia	5 yrs.

Major findings: Of operations: None

Of autopsy: None

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? —

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

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

23. Signature: Leon C. Hailey (M. D. or other) M.D.

Address: 1504 So. Grand Boulevard Date signed 11/19/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address ST LOUIS 13 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.