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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED OCT 18 1948  
Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

34048  
State File No. 8604  
Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: St. Johns Hospital D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Erwin J. Dean

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M D 5. Color or race W

6. (a) Single, widowed, married, divorced S D

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 21 1929  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

19 6 10 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

12. Name Archie W. Dean D

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Antoinette Fahle

15. Birthplace St. Louis Mo. D  
(City, town, or county) (State or foreign country)

16. (a) Informant Archie W. Dean

(b) Address Chesterfield, Mo. R#2

17. (a) Burial (b) Date thereof 10-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Baumann Brothers Inc.

(b) Address 250 1/2 Woodson Rd. Overland-14-Mo.

19. (a) OCT 3 1948 (b) J. P. Brodeur  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lake (If outside city or town limits, write "RURAL") 1

(d) Street No. Woodsmill Road Rural (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1  
year 1948 hour 10 minute 56 A. M.

21. I hereby certify that I attended the deceased from Sept 17, 1946, to Oct. 1, 1948  
that I last saw him alive on Oct. 1, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Hodgkin Disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy As above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of plant) (a) Means of injury 0

23. Signature Carl H. [Signature] (M. D. or other) \_\_\_\_\_  
Address Amberly Bldg Date signed 10-2-48

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

MOTHER FATHER

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 3454

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

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address. Overland 14, 2

**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.**