

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **2418**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **844**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		d. STREET ADDRESS (If rural, give location) 1439a Clinton (6)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Luita		b. (Middle) ALice	
		c. (Last) Dees	
4. DATE OF DEATH (Month) (Day) (Year) 1-25-50			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 3-10-69
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jefferson County, Ill./
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Geo. Derington		13b. MOTHER'S MAIDEN NAME Rachel Cavins	
14. NAME OF HUSBAND OR WIFE Jesse Dees			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Effie Cottrell ADDRESS 1441^a Clinton Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia	
		ANTECEDENT CAUSES	
		DUE TO (b) Carcinoma of lung	
		DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 162X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-27-49 , 19____, to 1-25-50 , 19____, that I last saw the deceased alive on 1-25-50 , 19____, and that death occurred at 7:10 Am. , from the causes and on the date stated above.			
23a. SIGNATURE Raymond H. Hellmann Jr. M.D. (Degree or title)		23b. ADDRESS 1325 S. Grand (4)	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE 1-27-50	
24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. JAN 26 1950		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS McLaughlin Funeral home 2301 Lafayette			

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

2057

c.i.s

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James R. Chapman*
Licensed Embalmer No. *4550*
P. O. Address *White Plains, N.Y.*

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.