

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25704

FILED JUL 31 1952

State File No. ....

REG. DIST. NO. 318

1003

Registrar's No. 6936

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2229</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>29 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>22 2325 Clark</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2325 Clark</b>			
3. NAME OF DECEASED a. (First) <b>Clyde</b>		b. (Middle) <b>(Deen)</b>	
c. (Last) <b>Dean</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 14 52</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>1-12-1899</b>
9. AGE (In years last birthday) <b>53</b>		10. IF UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>porter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Barnes Hosp.</b>	
11. BIRTHPLACE (State or foreign country) <b>Puno, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Della Dean</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes 3-5-18 to 1919</b>		16. SOCIAL SECURITY NO. <b>488-28-3945</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Della Dean</b>		ADDRESS <b>2325 Clark</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>External hemorrhage following laceration of neck while dismounting from a pair of glasses</b></p> <p>ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>Due the ball way at his home at 2325 Clark Ave on July 14, 1952 exact time unknown</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b></p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 14 52 ? m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>rod</b>		<b>E9130</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:18 A</b> m., from the causes and on the date stated above. <b>22</b>			
23a. SIGNATURE (Degree or title) <b>Patricia Taylor Carroux</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>7.18.52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>7-21-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>National cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 18 1952</b>		REGISTRAR'S SIGNATURE <b>J. Paul Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>F. Horie</b>		ADDRESS <b>215 So. Jefferson</b>	

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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....  
Signed *S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Chau*

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.