

FILED MAR 7 1955

STANDARD CERTIFICATE OF DEATH

State File No. **6093**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1718**

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerville (St. Louis)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Inf.</u>		d. STREET ADDRESS (If rural, give location) <u>4219 1/2 Tudor</u> 81208	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Will</u> b. (Middle) <u>Dean</u> c. (Last) <u>Dean</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-55</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>7-20-1898</u>
9. AGE (In years last birthday) <u>56</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plasterer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Dean</u>		13b. MOTHER'S MAIDEN NAME <u>Levin</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		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. <u>355-01-0928</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Jefferson</u> ADDRESS <u>4219 1/2 Tudor</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			19. INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>			3 mos
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pelvic Thrombophlebitis</u>			
DUE TO (c) <u>Carcinoma of the Prostate</u>			
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 <u>None</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>177X</u>	
22. I hereby certify that I attended the deceased from <u>2-14</u> , 19 <u>55</u> , to <u>2-21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-21</u> , 19 <u>55</u> , and that death occurred at <u>4:20 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Merle B. Newford M.D.</u>		23b. ADDRESS <u>918 1/2 N. Taylor St. Louis, Mo.</u>	23c. DATE SIGNED <u>2-23-55</u>
24a. BURIAL-CREMATATION, REMOVAL (Specify)	24b. DATE <u>2-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Frederic Douglas Wash Park</u>	24d. LOCATION (City, town, or county) (State) <u>Illinois</u>
DATE REC'D BY LOCAL REG. <u>FEB 23 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joseph R. Hurst 4212 1/2 Piquette</u>	

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

Wallace R. Williams

Licensed Embalmer No. *4926*

4554 Lexington

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.