Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034965
STATE FILE NUMBER

OCT 6 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2500

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kirkwood — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 116 N. Taylor Ave. — Length of stay in 1b: 6 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood 4693 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 116 N. Taylor Ave. — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: JULIAS Middle: J. Last: DEAN

4. DATE OF DEATH Month Day Year: Sept. 27, 1958

5. SEX: Mail 0

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH: May 5, 1876

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never worked

10b. KIND OF BUSINESS OR INDUSTRY: At HOME

11. BIRTHPLACE (City and state or country): New Brittain, Conn /

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Dwight Judd

13b. MOTHER'S MAIDEN NAME: Ella Puffer

14. NAME OF HUSBAND OR WIFE: Davis E. Dean, (Deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: John E. Dean, Address: 116 N. Taylor Ave., Kirkwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis general — 5 years
DUE TO (c) 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb. 21, 1958, to Sept. 26, 1958 and last saw her/him alive on Sept. 26, 1958
Death occurred at 12:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Norton John Eversoll 0

22b. ADDRESS: 6356 Clayton Road

22c. DATE SIGNED: Sept 29, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Louis H. Bopp Inc. **ADDRESS**: Kirkwood
(License of Embalmer's Statement on Reverse Side) 110

25. DATE RECD. BY LOCAL REG.: 9-29-58

26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D. M

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Francis J. Wyland Jr.

Licensed Embalmer No. 452

P. O. Address Kirkwood, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.