DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41254

Primary Registration District No.

Registrar's No. 10377

1. PLACE OF DEATH: 1003 1

(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 John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4525 Natural Bridge Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Irven Francis Dale 400

3. (b) If veteran, name war

3. (c) Social Security No. 489-07-1271

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Scanlon Dale

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March (Month) 4 (Day) 1903 (Year)

8. AGE: Years 36 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation Salesman 0

11. Industry or business 1

FATHER
12. Name George Dale
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lena Kinkel
15. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature
(b) Address 4525 a Natural Bridge Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) DEC 4 1939 (Date received local registrar) (b) J. F. Bachek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1939 hour 5 minute 45am M.

21. I hereby certify that I attended the deceased from Mar 27, 1939, to Dec 4, 1939
that I last saw him alive on Dec 3, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Brain Tumor (Pontine)	1 yr
Due to Non Malignant	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

54 d

Major findings:
Of operations
Of autopsy Pontine Tumor

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. H. Deppe (M. D. or other)
Address University Club Bldg Date signed Dec 4 39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

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

working under my personal supervision.

Signed F H Stroot

Licensed Embalmer No. 226

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, above space should be left blank.