EB 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8240
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis County Registration District No. 784
(b) Township [illegible] Primary Registration District No. 200 Registered No. 316
(c) ~~City~~ or Jefferson Barracks (d) Street No. Veterans Administration Facility St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 520 Fred W. Dains
(a) Residence, No. St. Percy, Illinois.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Hattie D. Dains

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dentist
9. Industry or business in which work was done, as saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) -
11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ava, Illinois.

FATHER
13. NAME Levi Dains
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Anna Isles.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

17. INFORMANT (ADDRESS) M. Schilling Clinical Clerk, VAF, Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ava, Ill. DATE 2-17-40 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe 4700 Washington Ave.

20. FILED FEB 15 1940 19 [signature] M.D. Pld Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1940.

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1940, to Feb. 14, 1940.
I last saw him alive on Feb. 14, 1940 Death is said to have occurred on the date stated above, at 3:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right upper, middle and lower lobes; type VIII.	unkn.

Other contributory causes of importance: none.

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Name of operation none Date of
What test confirmed diagnosis? phys. exam. lab. findings, x-ray. Was there an autopsy? NO.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify [signature]
(Signed) C.W. Hughes, M.D., M. D.
(Address) Ch. Med. Offl., VAF, Jeff. Bks. Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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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

Wilford Burnley, Registered Apprentice No. 1

working under my personal supervision.

Signed Albert G Hoffman

Licensed Embalmer No. 2971

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.