

S. No. 2
1-4-13-40
v. 5-17-39
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9021
2431

State File No.
Registrar's No.

Registration District No. **791**

Primary Registration District No. **1003**

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

00
17
9

1. PLACE OF DEATH:
(a) County St. Louis, Mo
(b) City or town _____
(c) Name of hospital or institution: BARNES HOSPITAL
(d) Length of stay: In hospital or institution 14 days
In this community 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Alton
(d) Street No. 211 W. Delmar Ave.
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME William James Dover
(b) If veteran, name war No.
(c) Social Security No. 327-07-0587

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17 year 1941 hour 3 minute 15 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Liddia 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Aug. 29 1884

21. I hereby certify that I attended the deceased from March 3, 1941, to March 17, 1941; that I last saw him alive on March 17, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
56 6 18 hr. min.

Immediate cause of death uremia
Bunch pneumonia
Due to hypertensive cordis vascularis
sinus

9. Birthplace Quincy Illinois

Other conditions Quinine been
Major findings: Arteriosclerosis
Cerebral arteriosclerosis

10. Usual occupation Pipe Fitter

11. Industry or business Shell Refining Co.

12. Name William Dover

13. Birthplace Missouri

14. Maiden name Martha Foster

15. Birthplace Unknown

16. (a) Informant Mrs. William Dover
(b) Address Alton, Ill.

17. (a) Removal (b) Date thereof 3/17/41
(c) Place: burial or cremation Quincy, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) MAR 17 1941 (b) J. F. Budeck

Of operations Arteriosclerosis
Of autopsy Cerebral arteriosclerosis

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature H. R. Bierman, M.D.
Address BARNES HOSPITAL Date signed _____

Duration 1 week
1 week
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....



Licensed Embalmer No. 2971.....

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.