No. 2
1-4-41
5-17-39
I X26390

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

10
2
4

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1942

Registration District No. 13

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5860

Primary Registration District No. 3006

Registrar's No. 49

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri University Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 DAYS (Specify whether years, months or days) In this community: 1 MONTH

2. USUAL RESIDENCE OF DECEASED: 000
(a) State: Missouri (b) County: 17
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 5
(d) Street No.: 4250 A. Cleveland Ave (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: M. Thomas Dial
3. (b) If veteran, name war: ******
3. (c) Social Security No.: ******
4. Sex: Male 6
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November 11 1921 (Month) (Day) (Year)
8. AGE: Years 20 Months 3 Days 17 If less than one day hr. min.
9. Birthplace: Illinois (City, town, or county) / (State or foreign country)
10. Usual occupation: Student
11. Industry or business:
MOTHER FATHER
12. Name: Marion T. Dial
13. Birthplace: Illinois (City, town, or county) / (State or foreign country)
14. Maiden name: Viola Crill
15. Birthplace: Illinois (City, town, or county) / (State or foreign country)
16. (a) Informant: Marion T. Dial
(b) Address: 4250 A. Cleveland Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla CREMATORY
18. (a) Signature of funeral director: Peetz Brothers
(b) Address: 3029 Lafayette Ave
19. (a) FEB 28 1942 (Date received by registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28 year 42 hour 7 minute 38 A.M.
21. I hereby certify that I attended the deceased from 2/26 1942 to 2/28 1942 that I last saw him alive on 2/28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis secondary purulent infection, with hemiplegia

Due to:

Due to: SIR

Other conditions (Include pregnancy within 3 months of death): Cerebral thrombosis and hemiparesis

Major findings:
Of operations:
Of autopsy: None

Duration

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: [illegible] (M. D. or other)
Address: Collinsville, Ill. Date signed: 2/28/42

74 (Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis 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 this body is not embalmed, fact should be so stated above.