

FILED JUN 15 1947 91
Registration District No. _____

Primary Registration District No. 1003

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17
9

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

1. PLACE OF DEATH:

(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:
3630 Humphrey
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 16
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9

(d) Street No. 3630 Humphrey
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Margaret Dale

8. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Female 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 Dont Know
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Abt. 65 hr. min.

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

10. Usual occupation none

11. Industry or business _____

12. Name John G. Dale

13. Birthplace London England 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret White

15. Birthplace Dublin Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Dale
(b) Address 3630 Humphrey Street

17. (a) Burial (b) Date thereof 6/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos J Furan

(b) Address 1519 South Grand Blvd

19. (a) JUN 3 1942 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 1, 1942 to June 1, 1942
that I last saw her alive on 5/25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death
Nephritis Chronic
interstitial
Due to Hypertension

Other conditions:
(Include pregnancy within 3 months of death) 1/31

Major findings:
Of operations 1/31
Of autopsy 1/31

Duration 5 yrs
2

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? _____

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

23. Signature John A. Brown (M. D. or other) MD
Address 315 So. Grand Date signed 6/2/42

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

Thomas J. Fucal

Licensed Embalmer No. 1197

P. O. Address St Louis

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.