

FILED FEB 23 1943

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 1356

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months
(Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
St. Louis 12
(If outside city or town limits, write "RURAL") 9/12
(d) Street No. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 1

3. (a) PRINT FULL NAME James William Dale

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Sarah Arnold Dale 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased August 7, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 7 3 .hr. min.

9. Birthplace Taylorville, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name William D. Dale
13. Birthplace Wilsonville, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Robinson
15. Birthplace Bullitt County, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Roth
(b) Address 5351 Delmar Blvd., St. Louis, Mo.

17. (a) Removal (b) Date thereof 2/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) FEB 10 1943 (b) J. J. Busch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10, year 1943 hour 8.50 minute A. M. P. M.

21. I hereby certify that I attended the deceased from March 13, 1943 to February 10, 1943. I saw him alive on February 9, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis I day.

Due to Chronic Myocarditis I Yr.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 of physician (M. D. or other) Date signed 2-10-43

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

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..... *Welford H. Burnley*

..... Licensed Embalmer No. *46202*

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.