

33009

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9532
Registrar's No. 9532

NOV 10 1943 318
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 1438 N. 22nd St. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ida Dale
3. (b) If veteran, name war --- 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 27,
year 1943 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from October
22, 19 43 October 27, 19 43
that I last saw her alive on October 27, 19 43
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or Race Negro 6. (a) Single, widowed, married. Divorced Widow
6. (b) Name of husband or wife Garfield Dale 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased 7 4 1879
(Month) (Day) (Year)

Immediate cause of death Gangrene of right foot Duration 6 weeks

8. AGE: Years Months Days If less than one day
64 3 23 -- hr. -- min.

Due to Diabetes Mellitus Undet.

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

Due to 61

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business ---

PHYSICIAN

MOTHER FATHER
12. Name Henry Dukas
13. Birthplace Unavailable (City, town, or county) (State or foreign country) 9
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) (State or foreign country) 9

Major findings:
Of operations ---
Of autopsy ---
Underline the cause to which death should be charged statistically.

16. (a) Informant Cozella Brooks
(b) Address 1438 a North 22nd Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue
19. (a) OCT 29 1943 (Data received local registrar) (b) J. F. Bruns (Registrar's signature)

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 J. F. Bruns (M. D. or other) ---
Address 2601 Webster Date signed 11/27/43

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

S. No. 2
DM-2-43
5-5-43
X35597

STATEMENT BY LICENSED EMBALMER

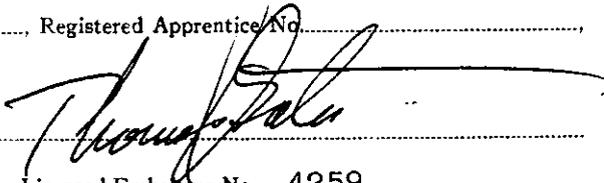
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....


Licensed Embalmer No..... 4259

P. O. Address... 4107 Finney Avenue.....

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.