

S. No. 2  
M-5-43  
7-5-17-39  
P I X36677

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

21644

FILED JUN 26 1946  
318 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. 5356

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:  
Masonic Home of Missouri 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Seven Months  
(Specify whether  
In this community same  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 53 51 Delmar Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Maurice Edgar 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 Ora 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January 24, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 4 22 hr. min.

9. Birthplace Old Troy, Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

12. Name John W. Dale

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Martha E. Cosler

15. Birthplace Indianapolis, Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Rothe

(b) Address 5351 Delmar Blvd.

17. (a) BURIAL (b) Date thereof JUNE 19, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAPE GIRARDEAU, Mo

18. (a) Signature of funeral director Wm. Schumacher

(b) Address 3013 Mercedes St.

19. (a) JUN 17 1946 (b) J. F. Braddock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th.  
year 1946 hour 12:00 minute P.M.

21. I hereby certify that I attended the deceased from June 9th,  
1946 to June 16th, 1946  
that I last saw him alive on June 16th, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Due to Cerebral-Hemorrhage 11 days

Due to Hypertension 1 yr.

Other conditions (Include pregnancy within 3 months of death) JSD

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 J. F. Braddock (M. D. or other)

Address 5351 Delmar Blvd. Date signed.....

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

MOTHER FATHER

**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 Francis Williamson

Licensed Embalmer No. 3565

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.**