

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2410

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **967**

209

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

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis)	c. LENGTH OF STAY (in this place) 18 yrs	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital		d. STREET ADDRESS (If rural, give location) 5351 Delmar	

3. NAME OF DECEASED a. (First) Nelson		b. (Middle) Johnson		c. (Last) Dale		4. DATE OF DEATH (Month) (Day) (Year) 1 28 50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-21-1863		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 2 Days 6 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Covington, Indiana		12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME Johnson Dale		13b. MOTHER'S MAIDEN NAME Martha West		14. NAME OF HUSBAND OR WIFE Hattie Grey, deceased	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Masonic Home of Missouri, 3351 Delmar, St. Louis, Missouri <i>H. H. Martin Pres.</i>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Chronic Myocarditis		18 Mo	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) H 701	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **12-22**, 19 **32** to **1-28**, 19 **50**, that I last saw the deceased alive on **Jan-28**, 19 **50**, and that death occurred at **5 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Albert H. Hoppe M.D.</i>		23b. ADDRESS 508 N. Grand Ave.	23c. DATE SIGNED 1-28-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-31-50	24c. NAME OF CEMETERY OR CREMATORY Valhalla	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
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DATE REC'D BY LOCAL REG. JAN 30 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.