

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

8817

**1. PLACE OF DEATH**

County..... Registration District No.....  
Towship..... Primary Registration District No.....  
City St. Louis (No. St. Marys Imperial) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No.....  
Registered No. 2492

**2. FULL NAME**

JOHN DALE

(a) Residence. No. 3333 S. 13th ST. St. 24 Ward.....  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Unknown

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

Abt. 68

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Hungary

**10. NAME OF FATHER**

Jacob Dale

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Hungary

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Hungary

**14.**

INFORMANT

(Address)

John Beck  
Can. Mail. Box 415

**15.**

FILED

FEB 25 1929

Wm E. Stankler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb 24 1929

**17.** I HEREBY CERTIFY, That I attended deceased from Feb 19, 1929, to Feb 24, 1929 that I last saw him alive on Feb 24, 1929, and that death occurred, on the date stated above, at 8:27 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho - Pneumonia  
107A

**CONTRIBUTORY (SECONDARY)**

100%

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

3333 S. 13th St

**19.** DID AN OPERATION PRECEDE DEATH..... DATE OF.....

no

WAS THERE AN AUTOPSY.....

no

WHAT TEST CONFIRMED DIAGNOSIS.....

Laboratory

(Signed)

Y. O. Broder, M. D.

Feb 25, 1929 (Address)

1536 Poplar St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

St. Peter - Paul

Feb. 26 1929

**20. UNDERTAKER**

ADDRESS

Wacker-Helders

2302 No. B.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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