

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.

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

Do not use this space.

38027

JAN 8 1934

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 701

Primary Registration District No. 519 Glasgow Cir.

File No. 9654

Registered No. 9654

St. Ward)

2. FULL NAME

Alfred Dale

(a) Residence, No. 519 Glasgow St. 20 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14 1864

7. AGE YEARS 68 MONTHS 11 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY)

13. NAME Wm Dale

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

17. INFORMANT Elmer Dale (ADDRESS) 3717 Michigan Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Waltham DATE Nov. 11 1933

19. UNDERTAKER Wm F. Paschke (ADDRESS) 2825 W. Grand

20. FILED J. Bredek

Registrar.

MEDICAL CERTIFICATE OF DEATH

No phy in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... a.m.

The principal cause of death and related causes of importance were as follows:

Cholera poisoning

Self administered at residence while suffering

from temporary mental

aberrations.

Other contributory causes of importance:

from temporary mental

aberrations.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/8/33

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Chol-Gas Poisoning

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Harold B. Smith

(Address) 119/33

