

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.....		Registration District No.....	
Township.....		Primary Registration District No.....	
City <i>St Louis</i>		(No. <i>2519</i> Glasgow Ctr	
2. FULL NAME <i>Alfred Dale</i>			
(a) Residence, No. <i>2519</i> Glasgow St., 20 Ward.			
(Usual place of abode)			
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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Alfred Dale</i>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 14 1864</i>			
7. AGE <i>68</i>	YEARS <i>10</i>	MONTHS <i>25</i>	DAYS <i>15</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Printer</i>	If LESS than 1 day, _____ hrs. or _____ min.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>None</i>			
OCCUPATION	10. Date deceased last worked at this occupation (month and year) <i>1933</i>		
	11. Total time (years) spent in this occupation. <i>None</i>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis Mo</i>			
MOTHER FATHER	13. NAME <i>Wm Dale</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>England</i>		
	15. MAIDEN NAME <i>Wm. Ruolow</i>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>England</i>		
	17. INFORMANT <i>Elmer Dale</i> (ADDRESS) <i>3717 Michigan Av</i>		
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Valhalla</i> DATE <i>Nov. 11 1933</i>		
	19. UNDERTAKER <i>Wm F. Paschke</i> (ADDRESS) <i>2825 Grand High</i>		
	20. FILED <i>J. Predeck</i> 19 Registrar.		

MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>Nov. 8 1933</i>			
22. I HEREBY CERTIFY, That I attended deceased from _____, 19..... to _____, 19.....			
I last saw him 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:			
<i>Chloro gas poisoning</i>			
<i>Self administered at residence while suffering from temporary mental derangement.</i>			
Other contributory causes of importance:			
<i>None</i>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? <i>No</i>			
23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. <i>Chloro gas</i> Date of injury <i>Nov. 8 1933</i>			
Where did injury occur? <i>None</i> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. <i>None</i>			
Manner of injury <i>Chloro Gas Poisoning</i>			
Nature of injury <i>None</i>			
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____			
(Signed) <i>Wm. F. Paschke</i> (Address) <i>2825 Grand High</i> (City) <i>St Louis</i> (State) <i>Mo</i>			

