

REC'D AUG 12 1938

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

23606
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City ST. LOUIS (d) Street No. 6115 Eastmore Registered No. 6300
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ALBERT EDWARD DORE
(a) Residence, No. 5142 VERNON AVE St. 5 (If nonresident, give city or town and State)

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 ANNA DORE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 30 1865

7. AGE YEARS 73 MONTHS 1 DAYS 13 IF LESS THAN 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NIL
9. Industry or business in which work was done, as 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) BATH (STATE OR COUNTRY) ENGLAND

13. NAME James unknown Dore

14. BIRTHPLACE (CITY OR TOWN) Box (STATE OR COUNTRY) ENGLAND

15. MAIDEN NAME Martha (unknown) unknown

16. BIRTHPLACE (CITY OR TOWN) Crephey Pembroke (STATE OR COUNTRY) Wales

17. INFORMANT ARTHUR J. DORE (ADDRESS) 7318 STANFORD

18. BURIAL, CREMATION, OR REMOVAL PLACE BELLEFONTAINE DATE JULY 15 1938

19. FUNERAL DIRECTOR (NAME) C. R. LUPTON + SONS (ADDRESS) 7233 DELMAR BLVD.

20. FILED JUL 14 1938 J. F. Brucke Local Registrar.

No MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1938

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 3:15 P.M.

The principal cause of death and related causes of importance were as follows:
Coronary occlusion
Arterio sclerosis
Other contributory causes of importance:

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?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease of injury in any way related to occupation of deceased? !!
If so, specify Widow of Perry
(Signed) Deputy Coroner
(Address) Deputy Coroner

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.

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,

B. A. Miles

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

B. A. Miles

Licensed Embalmer No. *2901*

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, above space should be left blank.