

REC'D NOV 16 1938

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

33811
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis, Mo.** (d) Street No. **De Paul Hospital** St. **8797**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

Lola Dare
(a) Residence, No. **4954 West Pine** St. **12**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 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) **Aug 14 1889**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 1 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Asst Sec.**
9. Industry or business in which work was done, as saw mill, bank, etc. **Bell Telephone Co.**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Carthage** (STATE OR COUNTRY) **Mo**

FATHER 13. NAME **Joseph B. Dare** 14. BIRTHPLACE (CITY OR TOWN) **U.S.A.** (STATE OR COUNTRY) **Illinois**

MOTHER 15. MAIDEN NAME **Henrietta Morgan** 16. BIRTHPLACE (CITY OR TOWN) **Illinois** (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Frank R Dare** (ADDRESS) **729 Waveland Ave Chicago Ill**

18. BURIAL, CREMATION, OR REMOVAL **Duquoin Odd Fellows Cem** DATE **Oct 10, 1938**

19. FUNERAL DIRECTOR **A. J. Fran L & H. Co.** (ADDRESS) **2707 N. Grand Bl.**

20. FILED **OCT 9 1938** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 7, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **Nov. 15**, 1937, to **Oct. 7th**, 1938
I last saw her alive on **Oct. 7**, 1938 Death is said to have occurred on the date stated above, at **5.35 A. M.**
The principal cause of death and related causes of importance were as follows:

Date of onset **1937**
Cancelled of June 1937
50
Other contributory causes of importance:
Radical breast removal for cancer 1932

Name of operation Date of
What test confirmed diagnosis? **Phys. exam** 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 or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **Joseph Davie** M. D.
(Address) **Century Bldg.**

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, Paul H. Kolbenberg, Licensed Embalmer No. 2631

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Paul H. Kolbenberg
Licensed Embalmer No. 2631

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.)