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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16829

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4347

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town East St. Louis (If outside city or town limits, write "RURAL") N.B.

(d) Street No. 583 No. 22nd Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? No. 2 years.

3. (a) PRINT FULL NAME Edward William Dove

3. (b) If veteran, name war No.

3. (c) Social Security No. 328-10-8282

4. Sex Male

5. Color or race White

6. (a) ~~Single~~, ~~widowed~~, ~~married~~, divorced 3

6. (b) Name of husband or wife Hester

6. (c) Age of husband or wife if alive Don't know years

7. Birth date of deceased March 31 - 1889. (Month) (Day) (Year)

8. AGE: Years 52 Months 1. Days 21. If less than one day hr. min.

9. Birthplace Abingdon (City, town, or county) Va. (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Miss. Structural Steel Co.

FATHER
12. Name Matthew Dove
13. Birthplace Va. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maggie Kress
15. Birthplace No Record (City, town, or county) Va. (State or foreign country)

16. (a) Informant Anna Dove
(b) Address 583 No 22nd E. St Louis Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25-1941. (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Riverside Cem. Attica Ind.

18. (a) Signature of funeral director Geo W. Buchler
(b) Address 2218 State East St Louis Ill

19. (a) MAY 24 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1941 hour 7 30 minute Pm M.

21. I hereby certify that I attended the deceased from May 16, 1941, to May 22, 1941; that I last saw him alive on May 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Hypertensive heart disease

Due to Chronic glomerulo-nephritis or nephrosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Llewellyn Sale, Jr. (M. D. or other) M.D.
Address BARNES HOSPITAL Date signed 5/22/41

(Licensed Embalmer's Statement on Reverse Side)

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, or by me working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St. Louis Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.