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

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22608

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1309

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town [redacted] Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L. 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 3325 Oxford 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Frederick G. Dare
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Sophia Elizabeth Dare
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March 27, 1851 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
90	2	24	..... hr. ..... min.

9. Birthplace Cleveland, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Tinner
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Irma Voigt
(b) Address 3325 Oxford
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) JUN 23 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st year 1941 hour 5:30 minute A. M.
21. I hereby certify that I attended the deceased from June 16, 1941, to June 21, 1941; that I last saw him alive on June 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephritis	
Uremia	
~~Due to~~ Chronic myocarditis	
Due to arteriosclerotic changes	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

B.R.

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) none
(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 B. R. Loving (M. D. or other) [signature]
Address Ballwin, Mo. Date signed 6-21-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4029

P. O. Address.....

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

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