

V. S. No. 2
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Rev. 5-17-39
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19387

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 30 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 5679

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution: CITY HOSPITAL
(d) Length of stay: DONT KNOW
In this community DONT KNOW

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County _____
(c) City or town ST. LOUIS
(d) Street No. FATHER DEMPSEY'S HOTEL
1411 Hogan
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME FRANK BARE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 20, year 1943 hour 6 minute 25 A.M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. OCTOBER 27, 1887

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 7 Day 23 hr. 28 min.

Immediate cause of death: 2nd 2nd degree burns of face neck, and both arms when gasolin's torch he was using, became ignited and exploded, on 2nd floor of Father Dempsey's Hotel 1411 Hogan St. Down June 18th 1943 about 3:00 P.M. No damage to building or contents. Other conditions: many tough to burn bed
Duration of illness: _____
Physician: _____
Underline the cause to which death should be charged statistically.

9. Birthplace. DONT KNOW TEXAS
10. Usual occupation. DONT KNOW

11. Industry or business _____
12. Name. GEORGE BARE
13. Birthplace. DONT KNOW TEXAS
14. Maiden name. GERTRUDE DONT KNOW
15. Birthplace. DONT KNOW TEXAS

16. (a) Informant. REV. THOMAS BUTLER
(b) Address. 1207 N. SIXTH ST.

Major findings: _____
Of operations: _____
Of autopsy: _____

17. (a) BURIAL (b) Date thereof. 6-22-43
(c) Place: burial or cremation. CALVARY CEMETERY
18. (a) Signature of funeral director. Arthur J. Donnelly
(b) Address. 3840 Lindell Blvd
19. (a) JUN 22 1943 J. F. Bredek
(Date received by registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 6-18-43
(c) Where did injury occur? St. Louis
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? no (Specify type of place)
(e) Cause of injury Burns
23. Signature of Thomas F. Callahan
Address Deputy Coroner Date signed 6-22-43

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

Coroner Office

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, fact should be so stated above.