

No. 2
-12-45
5-17-39
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FILED MAY 29 1947
318

State File No. _____
Registrar's No. 5032

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital #1.
(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

3. (a) PRINT FULL NAME Mary Dare.
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Thomas Dare
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 15, 1866.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 4 hr. min.

9. Birthplace Switzerland
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired

MOTHER FATHER
 11. Industry or business _____
 12. Name Christian Barger
 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Dare
 (b) Address 1907A Lynch St.,
 17. (a) Burial (b) Date thereof May 22/47.
(By cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cem.,
 18. (a) Signature of funeral director Jos. W. Clark,
 (b) Address 1125 Hodiamont Ave.
 19. (a) MAY 15 1947 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1317A Russell Ave.,
23 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
 year 1947 hour 12 minute 30 P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion
 Due to _____
Myocardial Infarction
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 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?
 While at _____ (Specify type of place) (a) Means of injury 3
 23. Signature [Signature] (M. D. or other) _____
 Address _____ Date signed 5/24/47

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

MAY 20 1947

(Licensed Embalmer's Statement on Reverse Side)

Miss [unclear] and

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P.O. Address 1125 Hodiamont Ave.,

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.