No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 17537
Primary Registration District No. 1003
Registrar's No. 5136

**1. PLACE OF DEATH:**

(a) County ST. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: D. Homer G. Phillips (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 Mo (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2215 Randolph (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

**3. (a) PRINT FULL NAME** Tom Dove

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 5 (Day) 1889 (Year)

8. AGE: Years 59 Months 1 ~~10~~ Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) Miss 1 (State or foreign country)
10. Usual occupation Labor
11. Industry or business

FATHER
12. Name Henry Dove
13. Birthplace (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Crecy Lockett
15. Birthplace (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Eugenia Dove
(b) Address 2209 a Spruce
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director F. A. Green
(b) Address 4214 Delmar Blvd
19. (a) JUN 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 1 year 1948 hour 10:40 minute a 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 Hemopericardium following ruptured Aorta — Duration
Due to Unqualified
Due to 96
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Colvin E. Anglin 3 (M. D. or other)
Address Date signed 6/2/48

Jefferson City Printing Co.
(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. 2963

P. O. Address 4214 Delmar

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.