ealth,
Welfare
ublic
ervice

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3916

FILED JAN 17 1958

STATE FILE NUMBER 53

Registration District No. 317 Primary Registration District No. 545 Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Louis.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Maplewood, Mo. Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Maplewood Nursing Home Length of stay in 1b 4 Mos. 37	d. STREET ADDRESS (If outside, give location) 2832 Semple Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Thomas	Middle J.	Last Dale	4. DATE OF DEATH Month Day Year Jan. 6, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH June 7, ~~1886~~ 1866
9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bricklayer	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Boston, Mass.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Dale	13b. MOTHER'S MAIDEN NAME Margaret White	14. NAME OF HUSBAND OR WIFE Sylvia Dale	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.	16. SOCIAL SECURITY NO. None	17. INFORMANT Thomas P. Dale, #4 Angest Circle Webster Groves, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	COMPLETE HEART BLOCK	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary thrombosis	7 days
DUE TO (c)	Coronary atherosclerosis	Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from MAY 1957, to Jan 1958 and last saw her/him alive on Jan 4, 1958. Death occurred at 5:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD	22b. ADDRESS 4952 Maryland	22c. DATE SIGNED 1-7-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial ~~Removal~~	23b. DATE 1-8-58	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. 1-7-58	26. REGISTRAR'S SIGNATURE Herbert B. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Item 8 corr by affdt 1-23-58

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed G W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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