. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 11 1947
Registration District No. 37

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 33221

Registrar's No. 2080

1. PLACE OF DEATH:
(a) County St.Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St.Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-week
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St.Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Coronado Hotel
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emily Dale
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 14th., 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 21 If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name William Dale
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Unknown
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Mrs.Dale Clemens
(b) Address 24th.,& Park Ave.New York City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) 10-7-47 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th.,
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 9-29-47, 19..., to 10-5-47, 19...;
that I last saw h[e] alive on 10-5-47, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy,	2
Due to Arteriosclerosis	1
Due to	
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 (M. D. or other)
Address University Club Bldg. St. L. Date signed 9/30/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. A. Conrad Malles
Univ. Club Bldg.

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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 VanMatre

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.