

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

31487

1. PLACE OF DEATH **OCT 28, 1935**

County St. Louis
Township Carondelet
City St. Louis

Registration District No. 1123
Primary Registration District No. 6248 E
(No. 9835 S Broadway)

File No. _____
Registered No. 340
St. _____ Ward)

2. FULL NAME Anna Dale

(a) Residence, No. 9835 S Broadway St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Dale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11-1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hr. or _____ min.
88 11 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

13. NAME Wm Doe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Elsie Furgot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Jessie Beeche (ADDRESS) 9835 S Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre DATE 9-28, 1935

19. UNDERTAKER Albert H. Hoppe Inc (ADDRESS) 429 N Euclid Ave

20. FILED Sept 27, 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10³⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Epithelioma of entire rt side of face and neck with history of ten years previous. Applied for treatment and care at St. Louis Skin and Cancer hospital ten years ago was under the care of different physicians since that time. Last physician cared for her professionally was Dr. Edward Beck 9468 S. Broadway, but has Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury _____, 19____

Where did injury occur? _____ Specify whether it occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. M. Turner 9/26/35, M. D.

(Address) 3718 Jennings Rd.
Edward Beck

CAUSE OF DEATH in plain, non-why language - specify - for example - stroke, myocardial infarction, pneumonia, etc.

not been under the care of any physician
for the past six months.

Secondary cause; Extreme senility,
age 88, Generalized arteriosclerosis,
chr. myocarditis.

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ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 09-29-2010 BY 60322 UCBAW/STW

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248E
 City (No.) St. Ward)
 2. FULL NAME Anna Dale
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 14

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Sept. 27, 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19. I last saw him alive on 19. Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: Epithelioma of entire rt. side of face Date of onset Primary seat of cancer in the face. Otherwise primary seat unknown

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Lyle B. Starnon, M. D. (Address) 3118 Germantown East St. Louis

COPIES OF THIS CERTIFICATE
 SHOULD BE KEPT IN THE
 OFFICE OF THE REGISTRAR
 FOR A PERIOD OF FIVE
 YEARS FROM THE DATE
 OF DEATH.

WRITE PLAINLY IN INK--THIS IS A PERMANENT RECORD

If the cause of death is not clearly stated, the physician should state the cause of death in plain language, so that it may not be open to question.

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