

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

Do not use this space.

15710 15441

1. PLACE OF DEATH

County..... Registration District No. **791**

Township **St. Louis Mo.** Primary Registration District No. **1003**

City **St. Louis Mo.** No. **4440 Traft Ave.**

File No.

Registered No. **4675**

St. Ward)

2. FULL NAME

Elmer B. Goldammer

(a) Residence. No. **4440 Traft Ave.** St. **15** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar. 21-1909.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
19	1	6	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Stock clerk**

(b) General nature of industry, business, or establishment in which employed (or employer) **Winchiff Bond Co.**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

10. NAME OF FATHER **Bruno Goldammer**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Louise Harte**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

14. INFORMANT (Address) **Bruno Goldammer 4440 Traft Ave.**

15. FILED **Mar 31 1928** REGISTRAR **Mar E Stanley**

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 27-1928**

17. I HEREBY CERTIFY, That I attended deceased from **2-25-28** to **4-27-28**, to

that I last saw **him** alive on **4-27-28**, 1928, and that death occurred, on the date stated above, at **8:45 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

928 **General Insufficiency**
Heart

CONTRIBUTORY (SECONDARY) **Acute Rheumatic Heart.**
(duration) yrs. **1** mos. **14** da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

4/28 (Signed) **P. W. Waldman**, M. D.
, 1928 (Address) **4425 Morganford.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Our Redeemer 4-30-1928.

20. UNDERTAKER ADDRESS

Zeigener Bros. 2623 Cherokee

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

