WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

42534

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 2623 N. 20th St ..... St. ..... Ward)

File No. 11773

Registered No. .....

2. FULL NAME Esther Laura Dahmer

(a) Residence. No. 2623 N. 20th St. St., 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28 - 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	13	1	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) 42A 115A

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Chris Dahmer

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

12. MAIDEN NAME OF MOTHER Rose Troyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana (STATE OR COUNTRY)

14. INFORMANT Chris Dahmer (Address) 2623 N. 20th St.

15. FILED FEB -4 1928, 19..... Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3rd 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan —, 1928, to Dec 2, 1928 that I last saw her alive on Dec 2, 1928 and that death occurred, on the date stated above, at 3:30 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis Chronic

90A (duration) ..... yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Tonsilitis, & Peritonsilar

Abscesses from non Diphtheritic Tonsilitis (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED non Tubercular

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. O. Fiehr, M. D

Dec 3, 1928 (Address) 2505 N 15th

*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 Zions

DATE OF BURIAL Dec 5 1928

20. UNDERTAKER Hy Leedner Und Co

ADDRESS 1417 N. Market St