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.

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

Do not use this space.

2260

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 60338 — Registered No. 6
City Wellston (No. 6720 Page Ave St. Ward)

FEB 25 1932

2. FULL NAME John Dahl Sr.
(a) Residence. No. 6720 Page Ave 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 20 - 1855

7. AGE: Years 76 — Months 9 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Norway 24

PARENTS
10. NAME OF FATHER: John Dahl
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Norway
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Norway

14. INFORMANT: Phil. J. Dahl
(Address) 6720 Page Ave.

15. FILED 1/9, 1932 Noela Bracy M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 8 1932

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 10:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Myocarditis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 1 30

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: St. Louis Co., Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF ..... (5)
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Med. History
(Signed) John O'Connell M. D.,
1/9, 1932 (Address) Coroner of St. Louis County

*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: Valhalla Cemetery — DATE OF BURIAL: Jan 11 1932

20. UNDERTAKER: Louis H Bipp — ADDRESS: Kirkwood Mo