

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

Do not use this space.

2898

1. PLACE OF DEATH

92 County St. Charles Registration District No. 757
 4 Township _____ Primary Registration District No. 3036
 8 City St. Charles (No. St. Josephs Hospital) St. _____ Ward _____

File No. _____
 Registered No. 13

2. FULL NAME

John Dallmeyer
 (a) Residence No. 1219 1/2 4th 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Baeding
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13 - 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 0 5
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Builder
 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) St. Charles (STATE OR COUNTRY) Mo.

13. NAME Henry Dallmeyer

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

15. MAIDEN NAME Anna M. Eckler

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

17. INFORMANT H. Dallmeyer (ADDRESS) 500 W. Second St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem. DATE Jan 21, 1933

19. UNDERTAKER H. Dallmeyer & Sons Co (ADDRESS) 500 W. 2nd St.

20. FILED 1/21, 1933 Hy. B. Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933 to Jan 18, 1933
 (Last saw him alive on Jan 18, 1933 - Death is said to have occurred on the date stated above, at 1 P.M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis
93
 Other contributory causes of importance: 93

Name of operation _____ Date of _____
 What test confirmed diagnosis? Microscopic Was there an autopsy? no

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 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? Noted
 If so, specify _____
 (Signed) B. G. Gasquet, M. D.
 (Address) 200 Clay St. St. Charles, Mo.

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.

