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.

41823

1. PLACE OF DEATH
County
Township St Louis
City
Registration District No. 791
Primary Registration District No. 1003
(No. Mo Pacific Hospital St. Ward)
File No.
Registered No. 10865

JAN 26 1934

2. FULL NAME John Eric Dallmer (Hans)
(a) Residence, No. 6803 Dale ave St., 4 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 Mrs J E Dallmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1865

7. AGE: YEARS 68 | MONTHS 8 | DAYS 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Terminal RR
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) Germany

FATHER
13. NAME Julius Dallmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Clara Kuehnel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Frederick A. Dallmer 6803 Dale ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laurel Hill DATE 12-19 1933

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuary Co 4278 So Kingshighway

20. FILED DEC 19 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933, to Dec 17, 1933
I last saw him alive on Dec 17, 1933. Death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
137
948

Date of onset

Other contributory causes of importance:
Hypertrophied Prostate

Name of operation Prostatectomy Date of 12-1-33
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 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) Royal A. Weir, M. D.
(Address) Mo Pac Hosp.