

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 788  
 Township \_\_\_\_\_ Primary Registration District No. 4471  
 City Webster Groves (No. 715 at Atlanta) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 21725  
 Registered No. 60

**2. FULL NAME**

Theodore Daemler  
 (a) Residence, No. 715 Atlanta St., \_\_\_\_\_ Ward. Webster Groves  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 14 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>30</u>	<u>5</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bastich Sales  
 10. Date deceased last worked at this occupation (month and year) June 19 1934 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osheyan Iowa

13. NAME Christian Daemler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ford Dodge Iowa

15. MAIDEN NAME Mathilde Riedel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deshmoules Iowa

17. INFORMANT (ADDRESS) The Daemler 715 Atlanta

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE June 21 1934

19. UNDERTAKER (ADDRESS) Parker & Co Webster Groves

20. FILED 6-21-1934 Julius K. York Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19/34 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:30 PM

The principal cause of death and related causes of importance were as follows:

Limber neck caused by a ligamentum fracture at the region of the fourth cervical vertebrae with injury to cord, abrasion and bruises to the left elbow, with

Other contributory causes of importance: contusion to the rt. elbow.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? AUTOPSY Was there an autopsy? YES

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 \_\_\_\_\_ 6/21/34

(Signed) Julius K. York, M. D. (Address) 3718 Junnys Rd

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.

96  
12  
19

2  
2  
2

Date of onset  
186a 17  
1913

Verdict of Jury.

We the jury find that the deceased Theodore Daeumler came to his death from an accidental fall, from a grass terrace at his home, and from subsequent shock.