AUG 22 1935

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

Do not use this space.

24171

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township — Primary Registration District No. 5998, 3036 — Registered No. 104
City St. Charles (No. Emmaus Home, St. Charles, Mo. Ward)

2. FULL NAME Ida R. Dambach
(a) Residence, No. Emmaus Home, St. Charles, Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ernest Dambach
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 5, 1869.
7. AGE: 66. YEARS — MONTHS: 0 — DAYS: 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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) (STATE OR COUNTRY): Switzerland

FATHER
13. NAME: Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Herman Herter, 3624 Garfield Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: FRIEDEN'S CEM. ST. LOUIS, MO. DATE: July 18, 1935
19. UNDERTAKER (ADDRESS): Math. Hermann & Son, 2161 East Fair Ave.
20. FILED: July 17, 1935 Clarence E. Wessler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1935
22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934, to July 16, 1935
I last saw her alive on July 15, 1935. Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	July 9/35

Other contributory causes of importance: Chronic Nephritis 1 yr. Gen. Arteriosclerosis.

Name of operation: no. Date of
What test confirmed diagnosis? Sym. & Synopsis Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify
(Signed) A. P. Erich Schulz, M. D.
(Address) 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.

JAN 26 1950