

00714 1937

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

32465
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Christian Hospital** Registered No. **8519**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **8721 Burton Ave., Overland, Mo**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
 4. COLOR OR RACE **White**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bertha M. Dachroth (Christen)**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 14, 1883**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 9 25
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Proprietor**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Drug Store**
 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) **Nauvoo, Ill.**

FATHER 13. NAME **George W. Dachroth**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Nauvoo Ill**

MOTHER 15. MAIDEN NAME **Anna Tanner**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Nauvoo Ill**

17. INFORMANT (ADDRESS) **Bertha M. Dachroth, 8721 Burton Ave., Overland, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory Sept. 11, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son, 2161 East Fair Avenue**

20. FILED **SEP 10 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 8, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **August 30, 1936, to Sept 8, 1937**
 I last saw him alive on **Sept 8, 1937**. Death is said to have occurred on the date stated above, at **5:10 P. M.**
 The principal cause of death and related causes of importance were as follows:

Acute myocarditis
pulmonary edema
Acute myocarditis caused by diphtheria
 Date of onset **9/8/37**
 Other contributory causes of importance: **terminal diphtheria cause unknown**

Name of operation: **Intestinal Resection, Mucostomosis** Date of **9/16/37**

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?..... **no**

If so, specify **W. Weber**
 (Signed) **William H. Weber** M. D.
 (Address) **1506 Goddard Ave. St. Louis, Mo.**

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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STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Leonard Hampton
Licensed Embalmer No. 2967

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)