

OCT 14 1937

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

32878
Do not use this space.

1. PLACE OF DEATH

(a) County ST LOUIS Registration District No. 1003
(b) Township ST LOUIS Primary Registration District No. Q REEP
(c) City ST LOUIS (d) Street No. 3964 Q REEP St. 10
(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 WALTER C DAMMIER

(a) Residence, No. 3964 Q REEP St. 10 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CATHERINE DAMMIER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 25 1873

7. AGE YEARS 63 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RR CLERK
9. Industry or business in which work was done, as saw mill, bank, etc. EXP. CO.
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) MO.13. NAME GERHARDT DAMMIER14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY15. MAIDEN NAME CATHERINE SANDER16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT ELIZADETH KEANE
(ADDRESS) 3964 Q REEP18. BURIAL, CREMATION, OR REMOVAL PLACE OAK GROVE DATE 9/27 193719. FUNERAL DIRECTOR LAWRENCE MULLEN
(ADDRESS) 5165 DELMAR BLVD20. FILE SEP 24 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 24 193722. I HEREBY CERTIFY, That I attended deceased from about 9/19/37 to 9/24/37, 1937I last saw him alive on 9/24/37, 1937. Death is said to have occurred on the date stated above, at 11 A.M.

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

Chronic Myocardial Disease Date of onset 1929
Arterio Sclerosis 1929

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937
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) Paul B. Webber M. D.
(Address) 3467 W. Morganford Rd

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, Howard F Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Howard F Rowland

Licensed Embalmer No. 3114

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.)