

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

759
Do not use this space.

1. PLACE OF DEATH **FEB 12 1938**

791
1008

Registered No. **615**

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City **St. Louis** (d) Street No. **En route City Hospital #1** St.
 (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 **John O. Damm** **5'00**
 (a) Residence, No. **3444 a Klocke St.** St. **13** (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Damm**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 21 1870**

7. AGE YEARS **67** MONTHS **5** DAYS **27** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Bush**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Salesman**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **John Damm**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Kate Schnell**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

17. INFORMANT (ADDRESS) **Mary Damm**
3444 a Klocke St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn** DATE **Jan. 20** 19**38**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. Schunacher**
3013 Meramec St.

20. FILE **JAN 18 1938** **John Bredeck** Local Registrar.

NO PHYSICIAN CERTIFICATE ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 17** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... 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:
 Date of onset

Coronary Occlusion.

Arteriosclerosis.

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **No**.....

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. **Joseph M. Quinn, M.D.** (Signed) **Deputy Coroner** (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Clarence Rochow, Licensed Embalmer No. 3093

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 Clarence Rochow

Licensed Embalmer No. 3093

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.)