

FEB 16 1938

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

4160  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96  
 (b) Township Carondelet Primary Registration District No. \_\_\_\_\_  
 (c) City Jefferson (d) Street No. U.S. Veteran Hosp. Registered No. 76  
 (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

Fred Dahmer 569  
 (a) Residence, No. 218 N. Sarah St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29 1937 to Jan 21 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 1896

I last saw him alive on Jan 9 1938 Death is said to have occurred on the date stated above, at 3:30 P.M.

7. AGE YEARS 41 MONTHS 4 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Receiving CLK.  
 9. Industry or business in which work was done, as law mill, bank, etc. Railroad  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

recreative colitis, severe  
tumor inflammatory secondary to adenocarcinoma of prostate  
 Date of onset 1201  
 Other contributory causes of importance:  
prostatic abscess  
Bac bacillus in section thigh

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

FATHER 13. NAME Louis Dahmer

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

MOTHER 15. MAIDEN NAME Aelia Jacks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Rudolph Dahmer 3096 S. Jefferson

18. BURIAL, CREMATION, OR REMOVAL New York Pickers DATE Jan 12 38

19. FUNERAL DIRECTOR (ADDRESS) Witt. Bros. & Co. 2929-50. Jefferson

20. FILED 1-11 1938 THEODORE MEYER, M.D. Deputy State Commissioner of Health

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical many sections 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?  
 If so, specify \_\_\_\_\_

(Signed) C. W. Hughes M. D.  
veterans Hospital  
3096 S. Jefferson

170 B

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin

Licensed Embalmer No. 3472

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

Paul A. Shanklin

L. E.

No. 3472

or by

Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

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.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

4160  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1784  
 (b) Township Carondelet Primary Registration District No. 200 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (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 Fred Dahmer

(a) Residence, No. \_\_\_\_\_ St.  (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (Write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE <u>41</u>	YEARS	MONTHS <u>4</u>	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as 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)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-7-38 1938 T. P. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1938

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 \_\_\_\_\_ m.

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

Ulcerative Colitis severe  
toxic, inflammatory  
Structure: Peritonitis  
(Tumor non-malignant; in-  
flammatory in character)

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Gas bacillus

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) C. W. Hughes, M. D.

(Address) 115 [Address]

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1938

S-4160