

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.

1938
19054-22
REC'D JUN 9 1938

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

16215
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis, Mo. Registration District No. 791
 (b) Township _____ Primary Registration District No. 1003
 (c) City St. Louis, Mo. (d) Street No. Lutheran Hospital Registered No. 4076
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Doria Dallmeyer,
 (a) Residence, No. 3317 Missouri Ave., St. 24
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22nd 1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>33</u>	<u>1</u>	<u>9</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

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) Salem, Mo.

FATHER 13. NAME Isaac Burger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Mo.

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Clarence Wohlschlager
(ADDRESS) 3317 Missouri Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem, Mo. DATE May 5th 38

19. FUNERAL DIRECTOR (NAME) McKay Reichen M Co
(ADDRESS) 1417 N. Main St.

20. FILED MAY - 2 1938
J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1936, to May 1, 1938

I last saw her alive on April 30, 1938. Death is said to have occurred on the date stated above, at 4:00 A. M.

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

Rheumatic Heart Disease
Mitral Stenosis, Aortic Insufficiency, (Valvular heart disease)

Date of onset 20 yrs ago

Other contributory causes of importance: _____

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? no.
 If so, specify _____ (Signed) J. T. Bredeck, M. D.
 (Address) 3723 S. Kings Highway

0125 0.1609 18

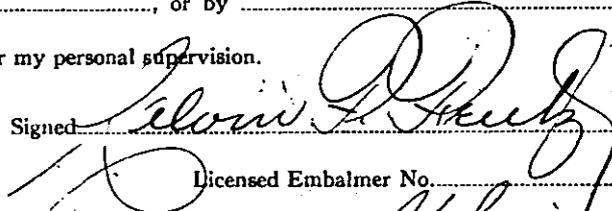
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No.

P. O. Address

2927
St Louis Mo

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.)

If this body is not embalmed, above space should be left blank.