

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16559

State File No. _____

4037

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

I. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Firmin Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Approx) 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Ernest Dame 500
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 1, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 6 If less than one day hr. 51 min.

9. Birthplace Firmin Desloge Hosp, St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Eugene Dame
13. Birthplace Leadwood Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Martin
15. Birthplace Zugher Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mother

(b) Address 2704 S Jefferson Ave St Louis

17. (a) Removed (b) Date thereof 6/6/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bonnie Terre, Mo

18. (a) Signature of funeral director Albert H. Blappe

(b) Address 4700 Washington Ave

19. (a) MAY 6 1940 (b) _____
(Date received local registrar's) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2704 S Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1940 hour 19 minute 15 P.

21. I hereby certify that I attended the deceased from May 1
2:36 am 1940 to May 4 - 9:05 PM 1940
that I last saw him alive on May 4 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Interus cerebri
neonatorum. Duration _____

Due to Hypertrophy of Spleen?
Liver?

Due to _____
Other conditions. 161 W
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy athlectasis, wide open
arteriosus, Interus.
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: _____

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Erwin T. Huber (M. D. certifier) MD

Address Missouri State Bldg Date signed May 5, 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

!!

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.

No Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.