

FILED SEP 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4166 Cleveland **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **17**
(If outside city or town limits, write "RURAL")
(d) Street No. 4166 Cleveland
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Emma Dammert **563**
(b) If veteran, name war ---
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 1
year 1940 hour 10 minute 30 a.m.

4. Sex Female race White
5. Color or _____
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if _____
alive _____ years
7. Birth date of deceased November 25, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1938 to Aug 1, 1940
that I last saw her alive on July 31, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 8 7 hr. _____ min.

Immediate cause of death Dilated
Duration 12 hrs

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Home

11. Industry or business _____
12. Name Charles Dammert
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Saalfeld
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant X C. Dammert
(b) Address 4166 Cleveland

17. (a) Cremation (b) Date thereof 8/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Place: burial or cremation Missouri Crematory
(d) Signature of funeral director Wacker-Helderte

(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? 844

(e) Signature of informant Bro. Dwyer
(b) Address 2331 S. Broadway

(Specify type of place) _____
(e) Means of injury _____

19. (a) AUG 2 1940 (b) J. H. Brudick
(Date received local registrar) (Registrar's signature)

23. Signature Blum (M. D. or other) _____
Address 2924 S. Grand Date signed 8/2/40

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.

Signed.....

Robert C. White

Licensed Embalmer No.....

2178

P. O. Address.....

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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