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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

Registration District No. 7911

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4868

Registrar's No. 1116

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

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: 3847a Utah Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 82 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3847a Utah Place
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Carolina Dummeyer

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John F. Dummeyer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 23, 1858
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	4	8	hr. min.

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

10. Usual occupation At. Home

11. Industry or business

FATHER
12. Name Frederick Suedmeyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christina Brockmeier
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Dummeyer
(b) Address 3847a Utah Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beidermeder Funeral Home
(b) Address 1936 St. Louis Avenue

19. (a) FEB 3 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st
year 1941 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 6, 1939, to Jan 31, 1941
that I last saw her alive on Jan 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis. Chronic Interstitial Nephritis.
Due to Arteriosclerosis.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

23. Signature Dr Louis W Grove (M. D. or other)
Address 508 N Grand Bl Date signed 2/1/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Louis Grasse
508 No Gro
11 AM to
2 - 5

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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

If this body is not embalmed, fact should be so stated above.