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APR 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15139

State File No. _____

Registration District No. 1022

Primary Registration District No. 5732

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Rural
near Vienna
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries

(c) City or town Rural
near Vienna
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Dambach

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clema Dambach 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sent. 18, 1893
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 11, 1941, to Apr 13, 1941;
that I last saw him alive on April 12, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 6 Days 25 If less than one day hr. _____ min. _____

Immediate cause of death Double Lobar Pneumonia Duration 30 hrs.

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

10. Usual occupation Farmer

Due to _____

Due to _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Fritz Dambach

13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Laney (City, town, or county) (State or foreign country)

15. Birthplace Indiana (City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Joseph Dambach

(b) Address Vienna, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/1941 (Month) (Day) (Year)

(c) Place: burial or cremation Vienna, Mo.

18. (a) Signature of funeral director Fred H. Gilbert
Dixon, Mo.

(b) Address _____

19. (a) Apr. 17, 1941 (Date received local registrar) (b) Sarah Robertson (Registrar's signature)

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 L. C. Howard (M. D. or other) _____
Address Vienna, Mo Date signed 4/17/41

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

JUN 6 1945

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.....

April 13, 1941

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Fred W. Gillen

Licensed Embalmer No. 2341

P. O. Address..... Dixon, 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, fact should be so stated above.