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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25117

State File No.

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 583

1. PLACE OF DEATH:

(a) County GREENE

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

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

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

In this community 2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Unknown

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 000 17

(d) Street No. 5512 Delmar Blvd. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Melvin L. Dahncke

3. (b) If veteran, name war no

3. (c) Social Security No. 443-03-7213

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Vivian R. Dahncke

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Dec. (Month) 1 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
36	7	15	hr. min.

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

10. Usual occupation Bus Driver

11. Industry or business Grayhound Lines

FATHER
12. Name Thomas B. Dahncke
13. Birthplace Washington (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Florence Rountree
15. Birthplace Washington (City, town, or county) Illionis (State or foreign country)

16. (a) Informant Charles J. Dahncke

(b) Address Ashley Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 17 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale, Illinois

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-17-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

784

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1941 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from viewed the body July 16, 1941 to and ordered an autopsy by Dr. Stone, 19 ; that I last saw him alive on and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial ischemia	
Due to: narrowing of coronary arteries	
Due to: 92	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy narrow coronary arteries

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 H. H. Baehn, Acting Coroner (M. D. or other)

Address 227 E. Olive St. Springfield, Mo. Date signed 7/17/41

(Licensed Embalmer's Statement on Reverse Side)

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 L. Dodin Gorm

Licensed Embalmer No. 3177

P. O. Address Springfield 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.