

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Castello 32974
State File No. 32974
Registrar's No. 7926

Registration District No. 791

Primary Registration District No. 1003

00
17
9

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town. St Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 15 days.
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Mr. Dan Elmer Gollmer.
(b) If veteran, name war.....
(c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased Jan. 14 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 17 hr. min.

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

10. Usual occupation Steel Worker

11. Industry or business.....

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Gollmer
(b) Address Granite City, Ill.

17. (a) Removal (b) Date thereof 10/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Granite City, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. OCT 3 1941 (Date received local registrar) (b) J. T. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 990
(c) City or town. 2036 N. Edison N.R. 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. Granite City (If rural, give location) 2
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 1
year 1941 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from 9-16
....., 1941, to 10-1, 1941;
that I last saw him alive on 10-1, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Aspiration
Acute dilatation of stomach 1 day
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: cirrhotic liver
Of operations Parasitosis, chronic
Of autopsy same.

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?

While at work?..... (Specify type of place)
(e) Means of injury 0

23. Signature Castello (M. D. or other)
Address BARNES HOSPITAL Date signed 10-24/41

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

Michael G. Burnley
Licensed Embalmer No. 4202

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, fact should be so stated above.