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

FILED FEB 24 1942 791  
Registration District No.

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 750

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
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. 2830 S. 18th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Dashmann  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 23  
year 1942 hour 1:00 minute 10 P. M.  
21. I hereby certify that I attended the deceased from January 18, 1942 to January 23, 1942  
that I last saw her alive on January 23, 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Joseph Dashman  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Unknown - About 1876  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
Duration \_\_\_\_\_

8. AGE: Years About 66 Months Unknown Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to 6/1  
Due to \_\_\_\_\_  
Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

9. Birthplace New York  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Major findings: Of operations 59  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name (Unknown) McGuire  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Muehleman  
(b) Address 2830 S. 18th Street

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? \_\_\_\_\_

17. (a) Burial (b) Date thereat Jan. 26, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (MS or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 1/23/42

18. (a) Signature of funeral director [Signature]  
(b) Address 1926 Allen Avenue  
19. (a) JAN 24 1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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**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 *Benj. L. Dumas*.....

Licensed Embalmer No. *2272*.....

P. O. Address *1926 Allen*.....

**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.**