

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years (Specify whether)
In this community unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eli August Dannenhaus
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 14, 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation Retired
11. Industry or business

MOTHER FATHER { 12. Name August Dannenhaus
13. Birthplace Herford, Germany (City, town, or county) (State or foreign country)
14. Maiden name Frederika Kewe
15. Birthplace Herford, Germany (City, town, or county) (State or foreign country)

16. (a) Informant Clara Rothe
(b) Address 5351 Delmar Blvd. St. Louis

17. (a) Burial (b) Date thereof 10-26-1942 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mem Park Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7451 9th Manchester

19. (a) OCT 26 1942 (b) J. F. Brueck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St Louis 9 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar (If rural, give location)
(e) If foreign born, how long in U. S. A.? about 60 years years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct- day 24
year 1942 hour 4 P.M. minute M.
21. I hereby certify that I attended the deceased from Oct 16 19 37 to Oct-19 19 42
that I last saw him alive on Oct-24 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 10 DAYS
Due to Hypertension 2 yrs
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
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
23. Signature J. F. Brueck (M. D. or other)
Address 508 N. Grand Ave Date signed 10/24/42

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

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:

H. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.