

FILED JAN 15 1943

Registration District No. **24**

Primary Registration District No. **200**

Registrar's No. **2580**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Mattese**
(c) Name of hospital or institution:
Route 8 Lemay Ferry Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 yrs.**
In this community **26 yrs.**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Lemay**
(d) Street No. **Ro. 8 Box 470 Lemay, Mo.**
(e) Citizen of foreign country? **No**
If yes, name country **0**

3. (a) PRINT FULL NAME **Paul George Dahlke**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **August 1 1888**
(Month) (Day) (Year)

8. AGE: Years **54** Months **4** Days **7**
If less than one day hr. min.

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

10. Usual occupation **Blacksmith**
11. Industry or business **Self**

12. Name **Charlew Dahlke**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Witthelmina Klug**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lena Dahlke**
(b) Address **Rt. 8 Box 470 Lemay, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 11, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns cem. Lemay, Mo.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **7914 S. Broadway**

19. (a) **DEC 8 - 1942** (b) **C. E. Mc. Lennan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **7**
year **1942** hour **7** minute **15 P.**
21. I hereby certify that I attended the deceased from **Nov 1 1942** to **Dec 7 1942**
that I last saw him alive on **Dec 7 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized carcinoma**
Due to **carcinoma of floor of mouth - tongue and throat**
Due to **metastasis**

Other conditions **450**
Major findings: Of operations **450**
Of autopsy **450**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **A. W. Peters** (M. D. or other)
Address **414 S. 5th** Date signed

Duration **1 mo**
2 years
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

96
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#C

Dr. W. R. Peters

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 *Linus C Hoffmeister*
Licensed Embalmer No. *3871*
P. O. Address *7814 S Broadway*

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.