

S. No. 2
T-9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED MAY 29 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18945**
Registrar's No. **1246**

Registration District No. **317** Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis County**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Adm. Apr. 15, 1943**
In this community **since April 15, 1943**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **ST. CLAIR**
(c) City or town **Freeburg**
(If outside city or town limits, write "RURAL")
(d) Street No. **997**
(If rural, give location) **11**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **Joseph A. Dambacher**
(b) If veteran, name war **World War #1**
(c) Social Security No. **344-07-4715**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years
7. Birth date of deceased **March 28, 1894**
(Month) (Day) (Year)

8. AGE: Years **49** Months **2** Days **0**
If less than one day, hr. min.

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

10. Usual occupation **Carpenter**

11. Industry or business **-**

MOTHER FATHER
12. Name **John Dambacher**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Hulsing**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. Schullig**
(b) Address **Clinical Clerk, VAF, Jeff. Bks., Mo.**

17. (a) **REMOVAL** (b) Date thereof **MAY-26-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FREEBURG ILLINOIS**

18. (a) Signature of funeral director **John E. Lintzel Jr**
(b) Address **Freeburg, Illinois**

19. (a) **5-27-43** (b) **C. H. McFarar, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26th**, year **1943** hour **2:35** minute **A.M.**
21. I hereby certify that I attended the deceased from **April 15, 1943** to **May 26, 1943**
that I last saw him alive on **May 26, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA, TONGUE AND FLOOR OF MOUTH.**
Duration **Abt. 9 Mo.**

Due to **-**
Due to **-**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **No operation.**
Of autopsy **No 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) **no**
(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 **[Signature]** (M.D. or other)
Address **L. M. COCHRAN, M.D.,** Date signed **5/28/43**
CHIEF MEDICAL OFFICER

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

(Licensed Embalmer's Statement on Reverse Side)
VEP. ADM. PAC. JEFF. BKS. MO.

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.....^{NOT}

....., Registered Apprentice No.....
working under my personal supervision.

Signed John G. Lintzel Jr.

Licensed Embalmer No. 2914

P. O. Address Freeburg Illinois

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.