

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1555

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Johns
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
residence-8006 Nola Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 8006 Nola Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AUGUST HENRY DAHMAN

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 Evelyn S. Dahman 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased October 9 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 26 hr. min.

9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation iron molder (retired)

11. Industry or business _____

MOTHER FATHER
12. Name Henry Dahman
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Marie Mittelbusher
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evelyn Dahman

(b) Address 8006 Nola Ave., St. Louis Co.

17. (a) burial (b) Date thereof 7-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bly'd., St. Louis

19. (a) 7-6-43 (b) C. G. McCarver, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1943 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 1, 1943
to July 4, 1943,
that I last saw him alive on July 3, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death
Chc. Myocardial
Sclerosis

Due to _____

Due to _____

Other conditions Gen art. Scl
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 930

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 Robert F. Tanel (M.D. or other) _____

Address 624 N. Union Date signed 7/5/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16
000

4213
Dr. Robert Farrell,
624 N. Union Blv'd.,
FO-7619

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

Clarence H. Murray

Licensed Embalmer No.

4011

P. O. Address

St. Louis, Mo.

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.