

FILED SEP 21 1943 318

1003

8172

Registration District No.

Primary-Registration District No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 218 Euclid Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frederick Daelhausen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or Race Wh 6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Belle Daelhausen 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased September 28th, 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Odd Jobs

11. Industry or business _____

12. Name Daniel Daelhausen
13. Birthplace Harrisburg Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Forrest
15. Birthplace Monroe County Missour.
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Daelhausen

(b) Address 217 Euclid Ave., Webster

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester

19. (a) SEP 11 1943 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th
year 1943 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 12-31, 1942 to 9/12, 1943

that I last saw him alive on 9-12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Empyema of Gall Bladder - with rupture 6 weeks

Due to Peritonitis

Due to Diabetes Mellitus insipid.

Other conditions A
(Include pregnancy within 3 months of death)

Major findings: 6/1

Of operations _____

Of autopsy _____

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 Emil D. Brand (M.D. or other) _____

Address Webster Groves Mo. Date signed 9/14/43

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

MOTHER FATHER

NR

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *W. W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

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.