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39675

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

LED DEC 22 1943

1003

Registration District No. 213

Primary Registration District No.

10930

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Hours,  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4182 Walsh St.,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank John Dahlgren,

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 Married

6. (b) Name of husband or wife Mabel, 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 1 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 6 8 hr. min.

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

10. Usual occupation Stationery Engineer,  
11. Industry or business Iaclede Gas Light Co.

MOTHER FATHER { 12. Name John Dahlgren,  
13. Birthplace Sweden,  
(City, town, or county) (State or foreign country)  
14. Maiden name Kate McQuaid,  
15. Birthplace Philadelphia, Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Dahlgren,  
(b) Address 4182 Walsh St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Brighton Ill.

18. (a) Signature of funeral director Helen - Bern Hartung  
(b) Address 2842 Keramec St.,

19. (c) DEC 10 1943 (b) J. F. Bredek  
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9  
year 1943 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death: Subdural hemorrhage  
of brain when he fell down  
for slip ladder to the  
placement of his home Dec.  
8th 1943 about 8:35 PM.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: 186  
(Includes pregnancy within 3 months of death)

Major findings: 18  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec 8th 1943

(c) Where did injury occur? at home (City or town) (County) (State)

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

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature Thomas F. Callahan (M.D. or other)

Address Deputy Coroner Date 12/10/43

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.....me.....

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

Signed.....  
*Joe P. Benz*

Licensed Embalmer No.....4249

P. O. Address.....2842 Meramec St.,  
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.