. S. No. 2
DM—8-43
v. 5-17-39
I, X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3352

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2795

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence; 7287 Delmar Blvd.
(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) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7287 Delmar Blvd. 5
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daniel A. Dosenbach.
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clell Dosenbach.
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Sept. (Month) 7th (Day) 1872 (Year)

8. AGE: — Years 72 Months 4 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Baldwin, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Real Estate Operator.
11. Industry or business Dosenbach Realty Co.
FATHER
12. Name Emil L. Dosenbach.
13. Birthplace Baden, (City, town, or county) Germany. (State or foreign country)
MOTHER
14. Maiden name Augusta Strothkamp.
15. Birthplace Baldwin, (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant Clell Dosenbach.
(b) Address 7287 Delmar Blvd.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CREMATORY.
18. (a) Signature of funeral director C.R.LUPTON & SONS.
(b) Address 7233 Delmar Blvd.
19. (a) 1/16/45 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature) Cms

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th year 1945 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov 18, 1945, to Jan 15, 1945; that I last saw him alive on Jan 04, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chronic Myocarditis	—
Arterio Sclerosis Gen'l.	—
Due to Gangrene - Left foot	5 days.
Lentia	6 years.
Due to Cholelithiasis.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of 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)
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Chas F Rosenberger (M. D. or others)
Address 7745 Neve St Road Date signed 1-15-45

(Licensed Embalmer's Statement on Reverse Side)

7745 Olive St. Rd.
DE-0211
Hrs.-- 4 to 7 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City 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.