S. No. 2
1—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6991

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 19

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1015 S. Main St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles (If outside city or town limits, write "RURAL")
(d) Street No. 1015 S. Main (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frederick Dallenbach
3. (b) If veteran, name war No
3. (c) Social Security No. 494-10-1897
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie (Schaper) Dallenbach
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased May (Month) 28 (Day) 1890 (Year)

8. AGE: Years 54 Months 7 Days 25 If less than one day hr. min.
9. Birthplace St. Charles Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Moulder
11. Industry or business Green Foundry
FATHER
12. Name Herman Dallenbach
13. Birthplace Friedens Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Wilhelmina Buckmann
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Herbert Dallenbach
(b) Address 1015 S. Main, St. Charles Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27-1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem. St. Charles Mo
18. (a) Signature of funeral director H. C. Dallmeyer & Son
(b) Address 801 N. Second St. Charles Mo
19. (a) 1-26-1945 (Date received local registrar) (b) Ernest E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1945 hour 7 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan 22, 1945, to Jan 23, 1945, that I last saw him alive on Jan 22, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchopneumonia
Due to Chronic Myocarditis 5 yrs
Due to Chronic Alcoholism 40 yrs.
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? Means of injury
23. Signature Calvin Clay (M. D. or other) M.D.
Address St. Charles Mo. Date signed 1/24/45

1340 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 3-9-45

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 John E. Dallmeyer

Licensed Embalmer No. 3957

P. O. Address St Charles 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.