

No. 2
-5-43
5-17-39
I X36671

FILED FEB 20 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
Deaconess Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oac

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1717

(d) Street No. 4014 Shenandoah
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Mr. Charles O. Dames

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma Laudi

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 31, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 10 4 hr. min.

9. Birthplace Renault, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Clerk

11. Industry or business International Shoe Company

12. Name Charles Dames

13. Birthplace France 5
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Biegler

15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Dames

(b) Address 4014 Shenandoah

17. (a) Burial (b) Date thereof 2/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Lutheran Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) FEB 17 1946 J. F. Bredeh
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5,
year 1946 hour 9: minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-2-46
19... to 2-5-46 19...
that I last saw him alive on 2-5-46
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral Hemorrhage

Duration

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy Cerebral Hemorrhage

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 P. B. Cappel (M. D. or other) MD

Address 3284 Lorraine Date signed 2-6-46

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. 0

working under my personal supervision.

Signed *Delis J. Krippin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.