S. No. 2
M—5-43
5-17-39
I X26671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25148

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 6531

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. Johns Hosp. O (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. Louis 96

(c) City or town Shrewsbury (If outside city or town limits, write "RURAL") 15

(d) Street No. 7719 Lansdowne (If rural, give location) N.B. 0

(e) Citizen of foreign country? _____ (~~Yes~~ No) 1

If yes, name country _____

3. (a) PRINT FULL NAME Joseph J. Dahmer

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

4. Sex male O 5. Color or race white 6. (a) Single, widowed, married, divorced single 1

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 22, 1918 (Month) (Day) (Year)

8. AGE: Years 28 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Time Keeper

11. Industry or business Leschen Rope Co.

MOTHER FATHER

12. Name Conrad D. Dahmer

13. Birthplace Evansville, IIndiana (City, town, or county) (State or foreign country) 1

14. Maiden name Margaret M. Brennan

15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs Margaret M. Dahmer

(b) Address 7719 LansdowneAve.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-27-46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvery Cemetery

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

(b) Address 7146 Manchester Ave

19. (a) JUL 25 1946 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 11, 1946, to July 23, 1946; that I last saw him alive on July 23, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes mellitus	14yrs
Due to acidosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Hemimorphy, left

Of autopsy acute gastric dilatation

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 _____

23. Signature Luke A. Knese (M. D. or other) O MD

Address 1506 Hodiamont Ave St. Louis, 12, Mo. Date signed July 24, 1946

(Licensed Embalmer's Statement on Reverse Side)

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.....J. Allen Davis Jr

Licensed Embalmer No.....4053

P. O. Address.....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.