S. No. 2
—12-45
5-17-39
PI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5872

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 31

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: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 hours (Specify whether years, months or days)

In this community Life Time

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. 801 North Second Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Edmund Dallmeyer

3. (b) If veteran, name war NIL

3. (c) Social Security No. 491-18-3978

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 7 (Day) 1888 (Year)

8. AGE: Years 58 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Funeral Director & Emb.

11. Industry or business H.C. Dallmeyer & Sons Co

FATHER
12. Name Henry C. Dallmeyer
13. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Josephine Meinsohn
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Gertrude E. Dallmeyer

(b) Address 801 N.2nd-St. Charles, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 26-1947 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cem St. Charles, Mo.

18. (a) Signature of funeral director H.C. Dallmeyer & Sons Co

(b) Address 800 N.2nd-St. Charles, Mo.

19. (a) Feb 28-47 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: February day 23 year 1947 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from February 22, 1947, to February 23, 1947; that I last saw him alive on February 23, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	24 hrs.
Due to	
Due to	30 yrs.
Other conditions (Include pregnancy within 3 months of death): Pulmonary Tuberculosis, Tuberculosis, left Kidney	"

Major findings: Of operations 13B

Of autopsy: Lobar Pneumonia; Pulmonary Tbc (calcification) left Tbc, left Kidney

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 M D

23. Signature George Ekstein (M. D. or other)

Address St Charles, Mo Date signed 2-25-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number MAR 7 1947
Date Filed

JUN 17 1950

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 Albert G. T. Kopper

Licensed Embalmer No. 2971

P. O. Address .....

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.