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4-12-45
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32222**
Registrar's No. **284**

FILED SEP 18 1947
Registration District No. **206**

Primary Registration District No. **8048**

1. PLACE OF DEATH:
(a) County **St. Charles**
(b) City or town **O'Fallon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

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

3. (a) PRINT FULL NAME **Francis Joseph Dames**
3. (b) If veteran, name war **NIL**
3. (c) Social Security No. **N/A**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anne (Kruse) Dames**
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **July 26 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 11 hr. min.

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

10. Usual occupation **Retired farmer**

11. Industry or business

12. Name **Francis J. Dames**
13. Birthplace **Alsace Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Ensor**
15. Birthplace **St. Charles Co., Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anne Dames**
(b) Address **O'Fallon, Missouri**

17. (a) **burial** (b) Date thereof **Sept 10-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul, Missouri**

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

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

19. (a) **Sept 9-47** (b) **C. A. Kutley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** Day **7**
year **1947** hour **9:10** minute **P.M.**
21. I hereby certify that I attended the deceased from
3-10 1947 to **9-7 1947**
that I last saw him alive on **9-7 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death:
chronic myocarditis Duration **5 yrs**
Due to **generalized arteriosclerosis** **15 yrs**

Due to
Possible carcinoma of sigmoid **Sigs**
Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations **H&E**
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

23. Signature **H. E. Belton** (M. D. or other)
Address **O'Fallon Mo.** Date signed **9-8-47**

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

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Date filed SEP 17 1947

District File Number

District Health Officer No. 9,

RECEIVED

FEB 25 1959

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.....

Herbert C. Dollmeyer

Registered Apprentice No. *429*

working under my personal supervision.

Signed.....

Joseph F. Lindoer

Licensed Embalmer No. *4189*

P. O. Address..... *St Charles*

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.