S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13990

Primary Registration District No. 1003

Registrar's No. 3477

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 2341 N. Market 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

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

(d) Street No. 2341 N. Market St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Chris Dahmer

3. (b) If veteran, name war

3. (c) Social Security No. 490-03-5467

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Florence Dahmer

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March (Month) 17 (Day) 1879 (Year)

8. AGE: Years 69 Months 0 Days 22 If less than one day hr. min.

9. Birthplace Evansville Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Storeroom Clerk

11. Industry or business Shapleigh Hard Co

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Florence Dahmer

(b) Address 2341 N Market St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 12 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Blvd

19. (a) APR 11 1948 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1948 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1946, 19..., to 4/9/48, 19...; that I last saw him alive on 4/7/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Left Cerebral Hemorrhage	4 days
Due to Cardio-nephritis	5 yrs.
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause of 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 E. B. Freeman (M. D. or other) M.D.

Address 2901 Big Bend Blvd. Date signed 4/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 01 1958

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 Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.