No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20780
Registrar's No. 6023

WRITE PLAINLY—USING 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: Faith Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2341 N. Market St. (If rural, give location) 9 0
20
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Florence C. Dahmer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Late Chris Dahmer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 17 (Day) 1885 (Year)

8. AGE: Years 63 Months 1 Days 16 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country) 0
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name James Goodmann
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Katherine Kelting
15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country) 0
16. (a) Informant Edna Engelmann
(b) Address 3012a Warne
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery
18. (a) Signature of funeral director Calvin F FEutz
(b) Address 4828 Nat. Bridge Blvd
19. (a) JUL 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUly day 3
year 1948 hour 11. minute 05p M.
21. I hereby certify that I attended the deceased from 3-1-, 1948 to 7-3-, 1948
that I last saw her alive on 7-3-, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma Brain	?
Metastatic Carcinoma Spine	?
Due to Carcinomatosis Generalized	?
Due to Carcinoma left renal	?
Other conditions Bilateral Inguinal Herniae (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations None except Urethral Caruncle
Of autopsy None

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) No
(b) Date of occurrence
(c) Where did injury occur? None (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 Nicholas S Vitale (M. D. or other) M.D.
Address 3861 St Louis Ave. Date signed 7/5/48

Jefferson City Printing Co.
(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 John A. Mlinar

Licensed Embalmer No. 4186

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.