

No. 300
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20783

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5439**

WRITE PLAINLY—USE 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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months
(Specify whether years, months or days)

In this community _____
years, months or days

3: (a) PRINT FULL NAME Charles Dammert

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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 Nov. 1 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>7</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Charles Dammert

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

14. Maiden name Johanna Saalfeld

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

16. (a) Informant Louis Dammert

(b) Address 3438 Russell Blvd.

17. (a) Cremation **(b) Date thereof** 6/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director: Wacker-Idlerle

(b) Address 3634 Gravois Ave.

19. (a) JUN 15 1948 **(b) J. F. Brodeur**
(Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4166 Cleveland Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1948 hour 1 minute 02 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death 2d & 3d Degree Burns of hands, face, shoulders, chest and abdomen, when his clothing became ignited from gas range in kitchen of his home, on April 18, 1948, about 1:00 o'clock P.M. Duration

Due to _____ **ACCIDENT.**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

-Of operations _____

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) Accident

(b) Date of occurrence April 18, 1948

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? no (Specify type of place)

Means of injury see above

23. Signature Patricia E. Taylor (M. D. or other)

Address 1300 Clark **3** Date signed 6-15-48

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 *Delis J. Krupin*

Licensed Embalmer No. 3497

P. O. Address. 3634 Gravois

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.