

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17968

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2502 Registrar's No. 1012

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City, Mo.,</u>		b. COUNTY <u>St. Louis,</u>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City, (5).</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. Res: <u>7347 Northmoor Drive.</u>		d. STREET ADDRESS (If rural, give location) <u>7347 Northmoor Drive,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GUSTAVE</u>	b. (Middle)	c. (Last) <u>DAMMERT.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1949.</u>
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5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>March 7, 1876.</u>	9. AGE (In years last birthday) <u>73.</u>	IF UNDER 1 YEAR Months <u>1.</u> Days <u>15.</u>	IF UNDER 24 HOURS Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate, Dammert</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate Mortgage.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Carl Dammert.</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna Saalfeld.</u>	14. NAME OF HUSBAND OR WIFE <u>Florence V. Dammert.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence V. Dammert, 7347 Northmoor Dr.,</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Open dynamics of Cord.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>193X</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>34b</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 1945, to April 22, 1949, that I last saw the deceased alive on April 21, 1949 and that death occurred at 4:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl Reis, M.D.</u>	23b. ADDRESS <u>Haribald Bldg</u>	23c. DATE SIGNED <u>4-22-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation.</u>	24b. DATE <u>4/25/49.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.,</u>
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DATE REC'D BY LOCAL REG. <u>4-25-49</u>	REGISTRAR'S SIGNATURE <u>Thurmond Lupton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons, 7233 Delmar Blv'd.,</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96  
513

Dr Carl Reits.  
7016 Kingsbury Blv'd.,  
PA: 1155.  
by 8:30 A.M.

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed..... *Arnold W. Schoene* .....

Signed.....

Student Embalmer

Licensed Embalmer No. *3864* .....

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.