

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38892

FILED DEC 1 1951		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10005			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5630 Pershing Ave.				d. STREET ADDRESS (If rural, give location) 5630 Pershing Ave.				0	
3. NAME OF DECEASED (Type or Print)			a. (First) Louisa		b. (Middle) L.		c. (Last) Damme		
4. DATE OF DEATH		(Month) Nov.		(Day) 11		(Year) 1951			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug. 26 1871			
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Gustave Beers			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Henry W. Damme			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME T. H. Damme, 4938 Lotus Ave.				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES						24 hrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (b) arteriosclerotic heart disease 5 years	
		DUE TO (c) arteriosclerosis							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 42.00					
22. I hereby certify that I attended the deceased from 11-11, 1951, to 11-11, 1951, that I last saw the deceased alive on 11-11, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.									
23. SIGNATURE James W. Fletch, M.D. (Degree or title)				23b. ADDRESS 6900 Clayton ave				23c. DATE SIGNED 11-13-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/15/51		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) St. Louis Mo.		(State)	
DATE REC'D BY LOCAL REG. NOV 13 1951		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. W. Pletes,
6900 Clayton Rd.

(1 to 4)

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.

Student
Student Embalmer

Signed.....

Albert R. Thompson

Licensed Embalmer No.

45,057

P. O. Address.....

St. Louis

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.