

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9786**
Registrar's No. **2**

BIRTH NO. **FILED APR 1 1954** REG. DIST. NO. **308** PRIMARY REG. DIST. NO. **6050**

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2009	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Portage des Sioux 4 wk		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Alton Lake		d. STREET ADDRESS (If rural, give location) 6026 Chulte	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph	b. (Middle) Theodore	c. (Last) Damm	4. DATE OF DEATH (Month) (Day) (Year) March 28, 1954
---	-----------------------------	-----------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 26, 1905	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 6	IF UNDER 2 WKS. Days 2	IF UNDER 24 HRS. Hours 	Min.
--------------------	-------------------------------	--	---	---	------------------------------------	----------------------------------	-----------------------------------	--------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrician	10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	---

13a. FATHER'S NAME George Damm	13b. MOTHER'S MAIDEN NAME Ellen Heflin	14. NAME OF HUSBAND OR WIFE Linda Brunkhorst
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-09-8490	17. INFORMANT'S SIGNATURE OR NAME Mrs. Linda Damm, St. Louis, Mo.	ADDRESS St. Louis, Mo.
---	---	---	----------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arterio sclerosis 5044+ DUE TO (c) 4201		
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 checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. P. Ernest, School Health Officer	23b. ADDRESS St. Charles Mo	23c. DATE SIGNED Mar 29 1954
---	------------------------------------	-------------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) removal	24b. DATE March 31, 1954	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cmty	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
--	------------------------------------	---	---

DATE REC'D BY LOCAL REG. Mar 30 1954	REGISTRAR'S SIGNATURE Thos. ...	25. FUNERAL DIRECTOR'S SIGNATURE R. C. Dalloway	ADDRESS St. Charles, Mo.
--	---	---	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 1954

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Frank R. Amaling

Licensed Embalmer No. 48320

P. O. Address St. Charles, 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.