

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045547

STATE FILE NUMBER

12006

FILED JAN 12 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
09 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4240 Beck Street		Length of stay in lb 1 year - 159	
d. STREET ADDRESS (If outside, give location) 4240 Beck Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clarence Middle Carl Lewis Last Dahl Clarence L. Dahl		4. DATE OF DEATH Month Dec. Day 12 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 30, 1896
9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk - Traffic Dept		10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch Brewery	
11. BIRTHPLACE (City and state or country) Hermann, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Adolph Dahl		13b. MOTHER'S MAIDEN NAME Lulu Denker	
14. NAME OF HUSBAND OR WIFE Amelia L. Dahl (nee Weiss)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give year of discharge) YES 1st World War		16. SOCIAL SECURITY NO. 492-16-8847	
17. INFORMANT Mrs. Andrew Stainkamp		Address 4380 Clarence Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (State nature of condition in Part I or in Part II) E973.1 this disease was found in auto in garage, etc.			WAS AN AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (State nature of injury in PART I or PART II of item 18.) suicide while suffering temporary mental aberration	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) Garage		20f. CITY, TOWN, OR LOCATION St Louis Mo	
20g. COUNTY St Louis		20h. STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 534 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas E. Deyler		22b. ADDRESS 1301 Elm	
22c. DATE SIGNED 12/13/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 15, 1958	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. DEC 13 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith MD H.T.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *H. J. Burnley*

Licensed Embalmer No. *4202*.....

P. O. Address *H. Jones*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting:
If this body is not embalmed, fact should be so stated above.