

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028560

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District **1003** Registrar's No. **6908** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<p style="font-size: 18pt; font-weight: bold; margin: 0;">FILED JUL 31 1962</p> <p>1. PLACE OF DEATH a. COUNTY</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY</p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b></p>		<p>c. CITY OR TOWN <b>St. Louis</b></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b></p>		<p>d. STREET ADDRESS (If outside, give location) <b>4948 Bonita Ave.</b></p>	
<p>3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle Last <b>DALLER</b></p>		<p>4. DATE OF DEATH Month <b>July</b> Day <b>13</b> Year <b>1962</b></p>	
<p>5. SEX <b>Male</b></p>		<p>6. COLOR OR RACE <b>White</b></p>	
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH <b>2-28-1884</b></p>	
<p>9. AGE (last birthday) <b>78</b></p>		<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher (Retired)</b></p>	
<p>11. BIRTHPLACE (City and state or country) <b>Germany</b></p>		<p>12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b></p>	
<p>13a. FATHER'S NAME <b>Unknown</b></p>		<p>13b. MOTHER'S MAIDEN NAME <b>Unknown</b></p>	
<p>14. NAME OF HUSBAND OR WIFE <b>Late Anna Daller</b></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No None</b></p>	
<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT <b>Gertrude Hartwig 4948 Bonita Ave.</b></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>			<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b></p>			<p><b>1 wk.</b></p>
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>			<p>DUE TO (b) <b>Hypertensive cardiovascular disease</b></p>
<p>DUE TO (c) <b>443x</b></p>			<p><b>2 yrs</b></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>senility</b></p>			<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>	
<p>21. I attended the deceased from <b>Nov 26 1960</b>, to <b>7-13-62</b> and last saw <sup>her</sup>him alive on <b>7-13-62</b> Death occurred at <b>6:00 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE <i>[Signature]</i> (Degree or title)</p>		<p>22b. ADDRESS <b>6817 Gravois, St. Louis Mo</b></p>	
<p>22c. DATE SIGNED <b>7-13</b></p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b></p>	
<p>23b. DATE <b>July 16, 1962</b></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b></p>	
<p>23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b></p>		<p>24. FUNERAL DIRECTOR <b>Kriegshausner 4228 S. Kingshighway Blvd.</b></p>	
<p>25. DATE RECD. BY LOCAL REG. <b>JUL 13 1962</b></p>		<p>26. REGISTRAR'S SIGNATURE <i>[Signature]</i></p>	

**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 Edwin A. McKeenatt

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

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.