MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23835

File No.

Registered No. 7378

1. PLACE OF DEATH

County

Registration District No. 791 1903

Township

Primary Registration District No.

City St. Louis, Mo. (No. 3452 California Ave. (a) St. Ward)

2. FULL NAME George C. Dahlheimer

(a) Residence. No. 3452a California St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathilda Dahlheimer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
58	9	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14. INFORMANT Mathilda Dahlheimer

(Address) 3452a California a

15. FILED 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30, 1931.

17. I HEREBY CERTIFY, That I attended deceased from July 22, 1929, to June 30, 1931, that I last saw him alive on June 28, 1931, and that death occurred, on the date stated above, at 8:55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

Cerebral Hemorrhage (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Apoplexy & chronic Cyclitis (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Clinical obs.

(Signed) H. P. Graul, M. D.

7/1, 1931 (Address) 2905 Cherokee St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL National Cemetery

DATE OF BURIAL July 3, 1931.

20. UNDERTAKER Southern

ADDRESS 6320 S. Grand.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

8 - 9 am
1 - 2 pm
6 - 7 pm