WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

27922

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 27922

Township ..... Primary Registration District No. ..... Registered No. 7802

City St Louis (No. 5921 Kingsbury Place St. ..... Ward)

2. FULL NAME Herman Dallmeyer

(a) Residence, No. 5921 Kingsbury St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ✓ (OR) WIFE OF: Pauline Dallmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 14 1846

7. AGE: YEARS 86 MONTHS 5 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dry, Goods, Merchant
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Pauline Dallmeyer 5921 Kingsbury St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine DATE: 8-27-1932

19. UNDERTAKER (ADDRESS): Frank Hellage 3124 Lafayette Ave

20. FILED AUG 26 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/24, 1932, to 8/25, 1932
I last saw him alive on 8/25, 1932. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Acute dilitation — Date of onset 5/24/30
95B
16V
95B (1)

Other contributory causes of importance:
General debility due to extreme age 86 yr

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) D O W Price, M. D.
(Address) 5938 Kingsbury