

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

17610
 Do not use this space.

REC JUN 9 1938

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
 (b) Township Saltriver Primary Registration District No. 5034
 (c) City Mexico Mo PPD (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Margaret Dahlem 450
 (a) Residence, No. R.F.D. #6, Mexico, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Eugene Dahlem
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 10

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14 1938
 22. I HEREBY CERTIFY, That I attended deceased from Mar-1 1938, to 5-14 1938
 I last saw her alive on 5-14 1938. Death is said to have occurred on the date stated above, at 10:15 P. m.
 The principal cause of death and related causes of importance were as follows:

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

Cerebral Hemiplegia Complete on right side
 Date of onset 12/1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milstadt, Ill.

Other contributory causes of importance:
Chronic Nephritis
Arteriosclerosis

13. NAME Frederick Flittner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

Name of operation _____ Date of _____
 What test confirmed diagnosis? Syphilis - Blood Pressure
 Was there an autopsy? no

15. MAIDEN NAME Elizabeth Schuckman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

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.

17. INFORMANT Mrs. Amy Giltocki
 (ADDRESS) Mexico Mo

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo.
Elmwood Cemetery, DATE May 16 1938

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) W. Van Hagen M. D.

19. FUNERAL DIRECTOR H.A. Precht & Son
 (ADDRESS) Mexico, Mo.

20. FILED May 16 1938 Blanche Neely
 Local Registrar

(Address) Mexico Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY. PHYSICIANS should state EXACTLY.

STATEMENT BY LICENSED EMBALMER

I, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)