

DEED OCT 24 1939 791
Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH: **1**
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Anthony Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **two weeks**
(Specify whether years, months or days)
In this community **60 years**

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **460 Dover St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? - - - - - years.

8. (a) PRINT FULL NAME **Clement Dallas** **426**
8. (b) If veteran, name war **?** 8. (c) Social Security No. **?**

20. DATE OF DEATH: Month **Sept** day **14**
year **1939** hour **3 A.M.** minute _____ M.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **Oct.** **7** **1876**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept. 1** 19**39** to **Sept. 17** 19**39**
that I last saw him alive on **Sept. 14** 19**39**
and that death occurred on the date and hour stated above.

8. AGE: Years 62	Months 11	Days 7	If less than one day hr. _____ min.
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Immediate cause of death
Uremic poisoning **2 wks**
Chronic nephritis **5 yrs**
Renal sclerosis
Hypertensive heart disease
Other conditions **Pericardial disease?**
(Include pregnancy within 3 months of death)

9. Birthplace **St. Louis, Mo.** (City, town, or county) (State or foreign country)
10. Usual occupation **carpenter**
11. Industry or business **unemployed** **6**

Major findings:
Of operations _____
Of autopsy **cardio vascular**
renal syndrome
PHYSICIAN _____
Underline the cause to which death should be charged statistically

MOTHER FATHER
12. Name **Anton Dallas** **6**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Theresa Schweitzer**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature **Clement Dallas, Jr.**
(b) Address **460 Dover Sq.**
17. (a) **burial** (b) Date thereof **Sept 16/39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Olive cem**
18. (a) Signature of funeral director **Fendler Und. Co.**
(b) Address **7420 Michigan Ave.**
19. (a) **SEP 15 1939** (b) **J.D. Beck**
(Date received local registrar) (Registrar's Signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **1**
(Specify type of place) _____
While at work? _____ Means of injury _____
28. Signature **J. A. Sullivan** (M.D. or other) **MD**
Address **421 W. Schurmer** Date signed **9/14/39**

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.

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 _____

Oliver G. Smith, Registered Apprentice No. 186
working under my personal supervision.

Signed Wilson Collins

Licensed Embalmer No. 3817

P. O. Address St. Louis, Mo.

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 this body is not embalmed, above space should be left blank.