

Registration District No. 201

Primary Registration District No. _____

Registrar's No. 8435

1. PLACE OF DEATH: **1003**
 (a) County **3**
 (b) City or town **St. Louis**
 (c) Name of hospital or institution: **Little Sisters of the Poor**
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

8. (a) PRINT FULL NAME **Elizabeth Dammann**
 8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**
 6. (b) Name of husband or wife **Edw. Dammann** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Unknown** (Month) (Day) (Year)

8. AGE: Years **About 92** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Germany** (City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business _____

12. Name **Unknown**

13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
 15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. P. Fuhl**
 (b) Address **7130 1/2 S Broadway**

17. (a) **Burial** (b) Date thereof **10-3-39**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cem**

18. (a) Signature of funeral director **Southern Life Co**
 (b) Address **6222 S Grand**

19. (a) **OCT 2 1939** (b) **J. B. Brudick**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**
 (a) State **Mo** (b) County _____
 (c) City or town **St. Louis** **176**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Little Sisters of the Poor**
3400 So Grand (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **30**
 year **1939** hour _____ minute **30** M.

21. I hereby certify that I attended the deceased from **Sept 22** to **Sept 30**, 19**39**
 that I last saw him **alive** on **Sept 29** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **2 hrs**

Due to **Myocardial Infarction** Duration **2 hrs**

Due to **Mesenteric Embolism** Duration **3 hrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
 Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) _____ While at work? _____ (e) Means of injury **1**

23. Signature **J. B. Brudick** (M. D. or other) _____
 Address **Miss Club Bldg** Date signed **10 3 39**

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

E.P.
D.P. Buddy
University Club Bldg
1-3.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Virgil A. Perryman
Licensed Embalmer No. 4018
P. O. Address St. Louis Mo

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.)

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