DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13531

MAY 15 1940

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3733

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4026 Walsh
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4026 Walsh St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William F. J. Dameris 5/2

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased April (Month) 20 (Day) 1857 (Year)

8. AGE: Years 83 | Months 0 | Days 2 | If less than one day hr. min.

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

10. Usual occupation Retired Tanner

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward W Bauer

(b) Address 4026 Walsh St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/40 (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 2331 S. Broadway

19. (a) 4-25-40 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 22 year 1940 hour 8 minute p.M.

21. I hereby certify that I attended the deceased from afr. 20th 1940 to afr. 22th 1940 that I last saw him alive on afr. 20th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronch Pneumonia

Due to Old

Due to

Other conditions Cardiac Hypertrophy
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

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?

While at work — (Specify type of place) (e) Means of injury —

23. Signature J. W. Powell M.D. (M. D. or other)

Address 1 S. Wilmington Date signed 4-23-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address Lawrence Mass.

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.