

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.

FILED MAY 8 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16139 ✓

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 771

1. PLACE OF DEATH  
(a) County St. Louis  
(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
307 Arbor Lane 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 6 yrs \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME CHARLES DASSLER  
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 Widowed  
6. (b) Name of husband or wife Deey L. Dassler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 3 1853  
(Month) (Day) (Year)

8. AGE: Years 88 Months — Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney

11. Industry or business \_\_\_\_\_

12. Name Jacob D. Dassler  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Hinzl  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature D. Dassler  
(b) Address 307 Arbor Lane Webster Groves Mo

17. (a) Interment (b) Date thereof Apr 20-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth Kansas

18. (a) Signature of funeral director Parker and Co  
(b) Address Webster Groves Mo

19. (a) APR 19 1940 (b) W. R. Mervin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 307 Arbor Lane  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month APRIL day 19  
year 1940 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from September 1 1939 to April 19 1940  
that I last saw him alive on April 19 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure  
Due to Chronic Myocardial degeneration

Due to Chronic Nephritis  
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None  
Of autopsy None

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 Reynaud J. Barnes (M. D. or other) MD.  
Address 27 No. Elm Ave Date signed 4/19/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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**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

*Orvin B. Lang*

Licensed Embalmer No.

*1581*

P. O. Address

*Wabster Grove*

**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.**