

Registration District No. **791** Primary Registration District No. **1003**

FILED JUN 17 1940

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:
St. Anthonys
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community Life

3. (a) PRINT FULL NAME Ida Dantin **535**

3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex female **5. Color or race** white

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

6. (b) Name of husband or wife Albert **6. (c) Age of husband or wife if alive** 54 years

7. Birth date of deceased Sept. 28, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>8</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Not known Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name August Doermann

13. Birthplace Not known Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Stoneman

15. Birthplace Not known Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Albert E. Dantin
(b) Address 4126 Juniata

17. (a) Cremation _____ **(b) Date thereof** 6/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director John S. Ziegenhein
(b) Address 7027 Gravois

19. (a) JUN 24 1940 **(b) J. P. Bredeck**
(Date received for record) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4126 Juniata
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1940 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from June 17, 1940, to June 21, 1940,
that I last saw her alive on June 21, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus

Due to Fibroid of Uterus (Operation) 4 days
non malignant

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 546
Of operations _____

Of autopsy _____

Duration 2 min

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 Julius P. Keller **(M. D. or other)** M.D.
Address 2603 Cherokee St **Date signed** 6/22/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grand

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.