

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.

JAN 15 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10010**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: En Route to City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

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. 5800 Arsenal St (City Infirmary)
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Joseph Dahlem
3. (b) If veteran, name war *****
3. (c) Social Security No. None
4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Isabelle Dahlem
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 30th day November
 year 1940 hour 9:05 minute A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
About 74

Immediate cause of death
Coronary Sclerosis;
Arteriosclerosis;
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Clerk
11. Industry or business _____
MOTHER FATHER
12. Name Nicholas Dahlem
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown (City, town, or county) (State or foreign country)
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elizabeth Melzger
(b) Address 4136 Holly Hills Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6 1940
 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Pestz Brothers
(b) Address 3029 Lafayette Ave
19. (a) DEC 6 1940 (Date received local registrar) (b) J. H. Bredesch 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? _____
 While at work? _____ (Specify type of place) (e) Means of injury Coronary
23. Signature James P. [Signature] (M.D. or other)
Address _____ **Date signed** _____

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 Frank J. Cuneo

Licensed Embalmer No. 2245

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.