No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36900

Registrar's No. 9130

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

0 7 9

**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: 4519a Fair Avenue (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 Six Month

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 179

(d) Street No. 4519a Fair Avenue (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME FRANK J. DAUWOLTER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Mollie Dauwalter

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

7. Birth date of deceased Sept. (Month) 2 (Day) 1866 (Year)

8. AGE: Years 75 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Tiffan (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Steam Fitter

11. Industry or business

FATHER 12. Name Not Known

FATHER 13. Birthplace (City, town, or county) Germamy (State or foreign country) 4

MOTHER 14. Maiden name Theresa Rumpf

MOTHER 15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Harold W. E. Dauwalter

(b) Address 4519a Fair Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/41 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) NOV 19 1941 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 16 year 1941 hour 4 minute 0 PM M.

21. I hereby certify that I attended the deceased from June 3 1941 to Nov - 16 1941 that I last saw him alive on Nov - 16 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cirrhosis Liver | 6 mo. |
| 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.

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

23. Signature E. J. Jowan (M. D. or other)

Address 607 N. Grand Date signed 11-17-41

(Licensed Embalmer's Statement on Reverse Side)

## 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. Lemard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**