

S. No. 2  
4-1-4-41  
7-5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19488  
Registrar's No. 52778

FILED JUN 29 1942 791  
Registration District No.

Primary Registration District No. 1003

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

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:  
Christian Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 27 Days.  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME ELMER E. DACHROEDEN.

3. (b) If veteran, name war. None 3. (c) Social Security No. 498-09-3393

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Ruth Dachroeden. 6. (c) Age of husband or wife if alive. 33 years

7. Birth date of deceased. November 25, 1908.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
33 6 23 hr. min.

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

10. Usual occupation Laborer.

11. Industry or business.....

12. Name Benjamin F. Dachroeden.

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

14. Maiden name Margaret Dinkel.

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

16. (a) Informant Mrs. Margaret Dachroeden.

(b) Address 1512 Oak Grove Ave.

17. (a) Burial (b) Date thereof 6-19-1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Peters Cemetery.

18. (a) Signature of funeral director. Geo. L. Pleitsch Inc.

(b) Address. 5966-68 Easton Ave.

19. (a) JUN 19 1942 (b) J. F. Budick  
(Date received local health officer's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis  
(c) City or town. Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1512 Oak Grove Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th.  
year 1942 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from May  
1 1942 to June 17, 1942  
that I last saw him alive on June 16, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death acute pulmonary tuberculosis Duration  
1 1/2 yrs

Due to.....

Due to.....

Other conditions Spontaneous R.D.  
(Include pregnancy within 3 months of death)  
5-25-42

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. F. Budick (Date signed 6/17/42)

Address 400 E. 12th St.

844 (Licensed Embalmer's Statement on Reverse Side)

Dr. Harvey E. Morris.  
4005 W. Florissant Ave.  
Goodfellow 1250

---

---

**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

*John Ketter*

Licensed Embalmer No. 3880

P. O. Address.....

**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, fact should be so stated above.**