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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

Registration District No. 184

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 109

State File No. 31297

Registrar's No. 2034

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Maplewood Nursing Home 4
(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 000 12

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1904 Franklin Ave.
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME John Jacob Dassler

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

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

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

7. Birth date of deceased March (Month) 14 (Day) 1862 (Year)

8. AGE: Years 80 Months 6 Days 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name John G. Dassler
13. Birthplace -- (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary E. (unknown)
15. Birthplace -- (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant John C. Dassler
(b) Address 307 Arbor Lane, Webster Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Beiderwieden F. Home Inc.
(b) Address 1936 St. Louis

19. (a) OCT - 1 1942 (Date received local registrar) (b) C. G. McGarran Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1942 hour 6 minute 45 p.M.

21. I hereby certify that I attended the deceased from 7-1-1942, 19 to 9-30, 1942
that I last saw him alive on 9-30-1942, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial degeneration	
Due to Senility	
Due to 93d	
Other conditions No (Include pregnancy within 3 months of death)	
Major findings: Of operations none performed	
Of autopsy none performed	

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? No (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 Raymond F. Barnes (M.D. or other) MD
Address 634 No. Grand Date signed 10/1/42

701

(Licensed Embalmer's Statement on Reverse Side)

Dr. Raymond [illegible] Barnes
[illegible]
Jr. 5354.
3 p.m.

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 [illegible]

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis [illegible]

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.