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S. No. 2
OM-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 9 1943 17

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 2268

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pine Crest Home - Ballwin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year - 7 months
(Specify whether years, months or days)

In this community ONE year SEVEN MONTHS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ballwin
(If outside city or town limits, write "RURAL")

(d) Street No. Box 12
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William G. Daman

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 20 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 6 16 hr. min.

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

10. Usual occupation Bricklayer

11. Industry or business Retired

12. Name William Daman

13. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Stack

15. Birthplace UNKNOWN Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant M. O. Herbert

(b) Address 7244 Southwest Maplewood

17. (a) Burial (b) Date thereof 10-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) 10-8-43 (b) C. D. McCarroll MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 6
year 1943 hour 2 minute 12 P. M.

21. I hereby certify that I attended the deceased from October 4th 1943 to October 6th 1943
that I last saw him alive on October 5th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to Hypertension

Due to Arteriosclerosis

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

Major findings: Of operations 83a!

Of autopsy _____

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 B. R. Loving MD (M. D. or other) me

Address Ballwin Mo. Date signed 10-6-43

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

96
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PHYSICIAN

Underline the cause to which death should be charged statistically.

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: *Richard W. Stotesand*

Licensed Embalmer No. *4007*

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.