

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Mo. Baptist Hosp. 0  
(d) Length of stay: In hospital or institution 2 wks.  
In this community years, months or days

3. (a) PRINT FULL NAME Barbara Dannenmaier

3. (b) If veteran, name war  
3. (c) Social Security No. None

4. Sex Female 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 years

7. Birth date of deceased April 10 1944  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 14 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Walter Dannenmaier

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

14. Maiden name Helen Vogler

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

16. (a) Informant Mrs. Helen Dannenmaier

(b) Address 4242 W Sacramento Ave.

17. (a) Burial (b) Date thereof 4/26/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Blvd.

19. (a) APR 26 1944 (b) J. D. Bredek (c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(d) Street No. 4242 W Sacramento Ave. 910  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24  
year 1944 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from April 19 1944 to April 24 1944  
that I last saw her alive on Apr 24 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis and intestinal obstruction  
Due to Cause of death: Peritonitis and intestinal obstruction  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Peritonitis & obstruction  
Of autopsy

Duration

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?  
(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 G. H. Killek (M. D. or other) 312 1/2 Grand Date signed 4/25/44

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

**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 *F.H. Steady*.....

Licensed Embalmer No. *2765*.....

P. O. Address *4600 North Bridge*.....

**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.**