

FILED SEP 9 1944

Registration District No. 277

Primary Registration District No. 6067

Registrar's No. 1823

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3610 Hoffmeister
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 3610 Hoffmeister
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME Daniel D. Dames

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed

7. (b) Name of husband or wife Julia Dames 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 7, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 II 23 hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Man

11. Industry or business A.R.T.

MOTHER FATHER

12. Name August Dames

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

14. Maiden name Unknown

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

16. (a) Informant Gertrude Zielinski

(b) Address 3610 Hoffmeister

17. (a) Burial (b) Date thereof 9/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) SEP 1 - 1944 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1944 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 2-1-44 to 8/30, 1944
that I last saw him alive on 8/30 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration 2 hr

Due to Chronic cardiac-vascular renal disease

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
(M. D. or other) _____
Date signed 8/31/44

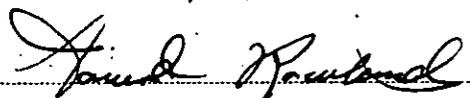
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7600

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..... 

Licensed Embalmer No. 3114

P. O. Address. S. James M.

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.