

U. S. No. 2
FORM-543
Rev. 5-17-39
I X36671

FILED MAY 17 1946
318

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 1003

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:
904 Rutger Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 67 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 904 Rutger Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY DAHM
3. (b) If veteran, name war no 3. (c) Social Security No. none
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 28, 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 6th
year 1946 hour 6:15 minute P M.
21. I hereby certify that I attended the deceased from April 24, 1946 to May 6, 1946;
that I last saw him alive on May 6, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 4 Days 8
If less than one day _____ hr. _____ min.

Immediate cause of death Myocardial failure - 2 days
Due to Degenerative myocardium (?)
Due to Chronic atherosclerosis (?)
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace ? Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation Baker
11. Industry or business retired
12. Name Michael Dahm
13. Birthplace ? Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown G
(City, town, or county) (State or foreign country)

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? _____

MOTHER FATHER {
16. (a) Informant Gertrude Dahm
(b) Address 904 Rutger Street
17. (a) Burial (b) Date thereof 5-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Av. St. Louis, Mo.
19. (a) MAY 8 1946 J. F. Bredek
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Edward H. Guep (M. D. or other) M.D.
Address 2202 St. Bernard Date signed 5/7/46
St. Louis, Mo.

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..... *L R Cooper*

Licensed Embalmer No. *3633*

P. O. Address. *2301 Lafayette Ave*

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.