

Primary Registration District No. 9027-5572

550  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Jefferson

(b) City or town near Crystal City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓  
(Specify whether years, months or days)

In this community ✓  
years, months or days

3. (a) PRINT FULL NAME Richard Dambach

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 married

6. (b) Name of husband or wife Wilhelmine

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

7. Birth date of deceased Nov. 10, 1891  
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 18  
If less than one day            hr.            min.

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

10. Usual occupation Type setter

11. Industry or business Printing

12. Name Karl Dambach

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

14. Maiden name Katherine Sieger

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

16. (a) Informant Mrs. Richard Dambach

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 3/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis County

18. (a) Signature of funeral director Antony R. Palitte

(b) Address Crystal City, Mo.

19. March 30 1948 (b) (Leda) Bullough  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jefferson

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

(d) Street No. 5141 Eichelberger  
(If rural, give location)

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

If yes, name country           

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 28  
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from           , 19           , to           , 19           ;

that I last saw him            alive on           , 19           ;

and that death occurred on the date and hour stated above.

Immediate cause of death Verdict of Coroners Jury  
Asphyxiation, Mississippi River, (Mississippi)

Due to           

Due to           

Other conditions             
(Include pregnancy within 3 months of death)

Major findings:           

Of operations           

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)

(c) Means of injury           

23. Signature H. B. Edwards (M. D. or other)

Address Edgar Hill Date signed 3/29/48

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 9,  
District File Number  
APR 8 1948  
Date Filed

AUG 12 1954

APR 14 1948

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 Geoffrey R. Palitte  
Licensed Embalmer No. 3481  
P. O. Address Crystal City, Mo

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.