DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 21 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20804

Registrar's No. 5338

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: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DEACESED: 999 14 0 2

(a) State Illinois (b) County Macoupin
(c) City or town Staunton
(If outside city or town limits, write "RURAL")
(d) Street No. 407 Hibbard
(If rural, give location)
NR
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Herman Dohm

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Dohm

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August (Month) 7 (Day) 1874 (Year)

8. AGE: Years 73 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name John Dohm Sr.

13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name Anna Middelman

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Elizabeth Dohm

(b) Address Staunton, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-11-48 (Month) (Day) (Year)

(c) Place: burial or cremation Staunton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 11 1948 (Date received local registrar) (b) J. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1948 hour 6 minute 45 AM.

21. I hereby certify that I attended the deceased from May 29, 1948, 19..., to June 10, 1948, 19...; that I last saw him alive on June 10, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	
Due to: Arteriosclerotic heart disease	
Due to: Carcinoma of prostate	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: As above	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. Elmo R. Caldwell

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.