

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8141

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 591

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>  |  |
| c. LENGTH OF STAY (in this place) <u>D.O.A.</u>   |  | 4723  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>                    |  | d. STREET ADDRESS (If rural, give location) <u>703 Edna Ave,</u>  |  |

|   |                               |  |  |   |  |
|---|-------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>James</u> b. (Middle) <u>G.</u> c. (Last) <u>Dyrssen</u>               |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb 18 1953</u>    |   |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>June 14 1897</u>                           | 9. AGE (In years last birthday) <u>55</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u> Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender &amp; Musician</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>                        | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>America</u>                                |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>James T Dyrssen</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Adelaide Lippelt</u> |  | 14. NAME OF HUSBAND OR WIFE <u>None</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>498-10-6055</u>        |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adelaide Lippelt 703 Edna Ave.</u> |  |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>unk</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown Causes</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION _____                          |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____        |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____                            |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? _____   |  |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Herbert R. Domke</u>          |  | 23b. ADDRESS <u>651 S. Brentwood Blvd.</u>               |  | 23c. DATE SIGNED <u>2-27-53</u>                             |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>           |  | 24b. DATE <u>2-27-53</u>                                 |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Domke</u> |  | ADDRESS <u>Meyer-Pfitzinger Kirkwood 22 Mo.</u>             |  |

WHITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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FILED MAR 4 - 1953

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*William H. Fitzgibbon*

Licensed Embalmer No. *14316*

P. O. Address *Kentwood 22, Pa.*

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.