

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38654**  
**10110**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)  
**St. Louis** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**6520 Southwest Ave.** e. STREET ADDRESS (If rural, give location)  
**3 6520 Southwest Ave.**

3. NAME OF DECEASED a. (First) **Edward** b. (Middle) **Felton** c. (Last) **Dahlgren** 4. DATE OF DEATH (Month) (Day) (Year)  
**11-6-1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **3-3-1880** 9. AGE (In years last birthday) **74** IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Sheet Metal Worker** 10b. KIND OF BUSINESS OR INDUSTRY **Western Blow Pipe** 11. BIRTHPLACE (City and State or Foreign Country) **Illinois** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Dahlgren** 13b. MOTHER'S MAIDEN NAME **Kate McQuaid** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **488-10-6560** 17. INFORMANT'S SIGNATURE OR NAME **Mabel Dahlgren** ADDRESS **6520 Southwest Ave**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Peritonitis, (Acute) due to ruptured Ulcer of the stomach** INTERVAL BETWEEN ONSET AND DEATH **2 days**  
ANTECEDENT CAUSES **Chronic Myocarditis and Arteriosclerosis**  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **none** 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **5401**

22. I hereby certify that I attended the deceased from **Nov. 4, 1954**, to **Nov. 6, 1954**, that I last saw the deceased alive on **Nov. 6th, 1954**, and that death occurred at **9:10 P.**, from the causes and on the date stated above.

23a. SIGNATURE **W. A. Walter M.D.** (Degree or title) 23b. ADDRESS **3608 S. Grand Blvd.** 23c. DATE SIGNED **11/8/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11-10-1954** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **5239 W. Florissant Ave. MO**

DATE REC'D BY LOCAL REG. **NOV 8 1954** REGISTRAR'S SIGNATURE **Carl Smith** FUNERAL DIRECTOR'S SIGNATURE **Bee Genheim** ADDRESS **6409 Gravois Ave**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Melba Building

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**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.....  
Signature of Student Embalmer

Signed *Paul M. Szemore*.....

Licensed Embalmer No. *4343*

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.