

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 12 1955

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 987

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY OR TOWN Overland c. LENGTH OF STAY 10 yrs. 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN Overland d. FULL NAME OF HOSPITAL OR INSTITUTION 9721 Lackland Road e. STREET ADDRESS 9721 Lackland Road

3. NAME OF DECEASED a. (First) NONA b. (Middle) F c. (Last) DAHMAN 4. DATE OF DEATH April 26, 1955 5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH 2-1-1881 9. AGE 74 10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY At home 11. BIRTHPLACE Kentucky 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Armstrong 13b. MOTHER'S MAIDEN NAME Unknown Norris 14. NAME OF HUSBAND OR WIFE John L. Dahman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME John L. Dahman, above ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Mellitus INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 4 yrs. 5 yrs.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 0 1147X 20. AUTOPSY? YES NO [X] 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 1955, to 4-26, 1955, that I last saw the deceased alive on 4-26, 1955, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Herman J. Klaeber M.D. 23b. ADDRESS 9621 Lackland Rd. Overland, Mo. 23c. DATE SIGNED 4-28-1955

24. BURIAL CREMATION REMOVAL (Specify) 24b. DATE 4-30-1955 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. County

DATE REC'D BY LOCAL REG. 4/29/55 REGISTRAR'S SIGNATURE Herbert B. Donke, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. P. Burgess*

Licensed Embalmer No. *402*

P. O. Address *Maplewood*

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.