

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27582

State File No.

FILED AUG 26 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6600**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis	c. LENGTH OF STAY (in this place) 30 yrs	c. CITY OR TOWN Gardenville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		• STREET ADDRESS (If rural, give location) 4684 Heidelberg Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Danneman. c. (Last) Danneman.			4. DATE OF DEATH (Month) (Day) (Year) 7-29-1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 3, 1908	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman		10b. KIND OF BUSINESS OR INDUSTRY Lead Co.	11. BIRTHPLACE (City and State or Foreign Country) 0 Kimmswick, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herman Danneman	13b. MOTHER'S MAIDEN NAME Emma Nansel	14. NAME OF HUSBAND OR WIFE Dorothy Hennan Danneman
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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Danneman, 4684 Heidelberg Avenue

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Carcinomatosis		MEDICAL CERTIFICATION Primary in Pancrease		INTERVAL BETWEEN ONSET AND DEATH April 1955	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		DUE TO (b) Primary in Pancrease		68 mos	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Cachexia		157x	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				2 mos	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Siver Biopsy Pancreas = Ca Pancreas	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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 **4/26/55**, 19___, to **7/29/55**, 19___, that I last saw the deceased alive on **7/29/55**, 19___, and that death occurred at **6:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) Walter H. Becker MD		23b. ADDRESS 3108 S. Grand		23c. DATE SIGNED Aug 30 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Aug. 1, 1955	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. AUG 1 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc. 1936 St. Louis Avenue.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. W. H. V. Hoefler,
3108 S. Grand

Sat 12-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 45

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.