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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43018

FILED DEC 22 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2837

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garsonville</u>		c. CITY OR TOWN <u>Hanley Hills</u> <u>428</u> <u>St. Louis 14</u> <u>0</u>	
c. LENGTH OF STAY (in this place) <u>4wks</u>		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 <u>Penn Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>1932 Raft Dr.</u>	

3. NAME OF DECEASED. (Type or Print) a. (First) <u>Anthony</u> b. (Middle) <u>NMI</u> c. (Last) <u>Dahn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4, 1955</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 23, 1870</u>	9. AGE (In years last birthday) <u>85yrs</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Watchman Arcade Building</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>John M. Daehm</u>		13b. MOTHER'S MAIDEN NAME <u>Appalona Browne</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Dahn</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-12-4569</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Louis Dahn</u>		ADDRESS <u>7300 Milan Ave</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastases to cervical spine and thoracic spine</u>		DUE TO (b) <u>ad Paralysis legs</u>				6 mo.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>Sept 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>metastose to cervical spine C5/6</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from July 1, 1955 to Dec. 4, 1955, that I last saw the deceased alive on Dec. 4, 1955, and that death occurred at A m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. J. Verda M.D.</u> (Degree or title)		23b. ADDRESS <u>4500 Olive St</u>		23c. DATE SIGNED <u>12-5-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-7-55</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Romber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward J. ...</u>		ADDRESS <u>6175 Delmar</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DR. D.J. VERDA
2:30 AT OFFICE
4500 Oline
Fo 73492

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 *Melvin L. Kemper*.....

Licensed Embalmer No. *40*.....

P. O. Address *3505 Oak*.....

St. Louis 20 Mo.

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.