

FILED APR 6 - 1956

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State File No. ....

Registrar's No. 3183

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Missouri.</u>		c. LENGTH OF STAY (In this place) <u>30 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		d. STREET ADDRESS (If usual, give location) <u>#3438 Russell Blv'd.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>#3438 Russell Blv'd.,</u>				d. STREET ADDRESS (If usual, give location) <u>#3438 Russell Blv'd.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>		b. (Middle) <u>ARTHUR.</u>		c. (Last) <u>DAMMERT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 28 1956</u>	
5. SEX <u>Male.</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>March 18, 1873.</u>	
9. AGE (In years last birthday) <u>83.</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pres., of Dammert R. E. &amp; Mortgage Co.,</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Carl Dammert.</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Saalfeld.</u>		14. NAME OF HUSBAND OR WIFE <u>Olga Tietjens Dammert.</u>			
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs L. A. Dammert, #3438 Russell Blv'd.,</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute coronary thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>420.1</u> YES <input checked="" type="checkbox"/> NO <input 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. HOW DID INJURY OCCUR _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-28-56</u>		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 <u>3-28-56</u> to <u>3-28-56</u> , that I last saw the deceased alive on <u>3-28</u> , 19 <u>56</u> , and that death occurred at <u>2:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. B. Kountz</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4500 Olive St.</u>		23c. DATE SIGNED <u>3/29/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>3/30/56.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory.</u>		24d. LOCATION (City, town, or county) <u>#7600 St. Charles Rock Road.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 29 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G. R. Lupton &amp; Sons, #7233 Delmar Blv'd.,</u>			

THURSDAY 12:00 To 5:00 P.M.

**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 X

*Arnold W. Schoe*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.