

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26037

STATE FILE NUMBER
5913

FILED JUL 26 1957

Registration District No. 318 Primary Registration District 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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 2249 St. Louis,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 Pronounced Dead At Alexian Bros. Hosp.			Length of stay in 15	d. STREET ADDRESS 3705 Pennsylvania Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) WILLIAM			First	Middle	Last DAHMER	4. DATE OF DEATH June 24, 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 26, 1890		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Polisher			10b. KIND OF BUSINESS OR INDUSTRY Retired 3 Weeks		11. BIRTHPLACE (City and state or country) Columbia, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Henry Dahmer				14. MOTHER'S MAIDEN NAME Louisa Kehner						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 489-10-6691		17. INFORMANT Wife Margaret A. Dahmer 3705 Pennsylvania Ave.				Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) myocardial infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) None								INTERVAL BETWEEN ONSET AND DEATH 1 day yr yr		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) X							
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) X						20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21. I attended the deceased from Death occurred at 2:30 P. m on the day stated above; and to the best of my knowledge, from the causes stated. Jaw 157 to June 21 57 and last saw her alive on June 21 57							
22a. SIGNATURE H. S. Lynn M.D.				22b. ADDRESS 2752 Cherokee		22c. DATE SIGNED 6-25-57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/27/57	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.					
24. FUNERAL DIRECTOR Gebken-Benz Mortuary 2842 Meramec St St. Louis 18 Missouri			25. DATE RECD. BY LOCAL REG. JUN 25 57		26. REGISTRAR'S SIGNATURE Carl Smith Mo					

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written by physician. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 me..... Student Embalmer No.....
working under my personal supervision.....

Student.....
Signature of Student Embalmer

Signed.....
Joe S. Berry

Licensed Embalmer No. 421

P. O. Address 2842 Me

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