

No. 300
10.48

DEC 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40114**
Registrar's No. **10715**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

b. CITY OR TOWN **St Louis**

c. LENGTH OF STAY (in this place) **5 yrs**

d. FULL NAME OF HOSPITAL OR INSTITUTION **4445 Gravois**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo** b. COUNTY _____

c. CITY OR TOWN **St Louis**

d. STREET ADDRESS **4445 Gravois**

3. NAME OF DECEASED
a. (First) **Albert** b. (Middle) _____ c. (Last) **Dammann**
(Type or Print) **also know as Alan Damon**

4. DATE OF DEATH (Month) (Day) (Year)
Nov 20, 1952

5. SEX
male

6. COLOR OR RACE
white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED
divorced

8. DATE OF BIRTH
Apr 2, 1885

9. AGE (In years last birthday) **67**
If under 1 year: Months _____ Days _____
If under 1 hr: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life or if retired)
Electrician

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
St Louis Mo

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Albert C Dammann

13b. MOTHER'S MAIDEN NAME
Caroline Nees

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give branch and service) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT'S SIGNATURE OR NAME **Ida Clark**
ADDRESS **4445 Gravois**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pulmonary Infarct**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **metastatic Carcinoma**
DUE TO (c) **Carcinoma, Prostate & bladder**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 hour
4 mos
4 mos

19a. DATE OF OPERATION
10/17/52

19b. MAJOR FINDINGS OF OPERATION
Chromona of Prostate - Benign

20. AUTOPSY?
YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
177X

22. I hereby certify that I attended the deceased from 7-3, 1952, to 11-20, 1952, that I last saw the deceased alive on 11-13, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Mark G. Ziegler, M.D.

23b. ADDRESS
16 Thompson Village

23c. DATE SIGNED
11-21-52

24a. BURIAL, CREMATION, REMOVAL
Removal

24b. DATE
11/22/52

24c. NAME OF CEMETERY OR CREMATORY
St Paul Churchyard

24d. LOCATION (City, town, or county) (State)
St Louis County Mo

DATE REC'D BY LOCAL REG.
NOV 21 1952

REGISTRAR'S SIGNATURE
J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE **J L Ziegenhein & Sons**
ADDRESS **7027 Gravois**

(Licensed Embalmer's Statement on Reverse Side)

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

Mildred

04

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 _____

G. P. Fidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Travis

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