

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County... St. Louis
(b) City or town... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
(Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Macoupin 999
(c) City or town Staunton 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. 107 Hibbard 2
NR. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Herman Dohm
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

4. Sex Male O 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Dohm
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased August 7 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 3 hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Dohm Sr.

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna Middelmann
(City, town, or county) (State or foreign country)

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Dohm
(b) Address Staunton, Ill.

17. (a) Removal (b) Date thereof 6-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Staunton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 11 1948 (b) J. Bielecki
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1948 hour 6 minute 45 AM.

21. I hereby certify that I attended the deceased from
May 29, 1948, 19 to June 10, 1948, 19
that I last saw him alive on June 10, 1948, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure
Duration

Due to Arteriosclerotic heart disease
Carcinoma of prostate

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature F. J. Bradley (M. D. or other)
Address Barnes Hospital Date signed

MOTHER FATHER

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Elmo R. Cadwell

Licensed Embalmer No. 7077

P. O. Address.....

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.