N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11595

File No.

Registered No. 1 2307

1. PLACE OF DEATH

County

Township

Registration District No. 791 ~~1003~~

Primary Registration District No.

City St. Louis (No. City Hosp St. Ward)

#20627

2. FULL NAME William Dingemann

(a) Residence. No. 2850 Russell St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Dingemann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3 - 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	5	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Steward

(b) General nature of industry, business, or establishment in which employed (or employer) Marquette Hotel

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Catherine Dingemann
(Address) 2850 Russell Blvd

15. FILED ..., 19.... Mary C. Starkey REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 1st 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28th, 1931, to Mar. 1st, 1931 that I last saw him alive on Mar. 1st, 1931, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Terminal pneumonia:
4165 not broncho- or lobar
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis & Chr. Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Jerome Shaul, M. D.

3/2, 1931 (Address) City Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Lakewood Burial Park	March 4 1931
20. UNDERTAKER	**ADDRESS**
Peeler Bros 3129	Lafayette