o. 2
4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36619

Registration District No. DEC 22 1941 791

Primary Registration District No. 1003

Registrar's No. 8848

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital 0
(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 Missouri (b) County 17

(c) City or town St. Louis 0 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5311 Pershing Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William W. Dings,

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Berry Hinson Thurman

6. (c) Age of husband or wife if alive 64 ? years

7. Birth date of deceased September 29, 1870 (Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Kirkwood, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Lumber broker

11. Industry or business

FATHER
12. Name Frederick Wm. Dings
13. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Tiny Bristow
15. Birthplace Covington, Ky. (City, town, or county) 0 (State or foreign country)

16. (a) Informant M. G. Dings,
(b) Address Houston, Texas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/41. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) NOV 8 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6 year 1941 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct 15 1936, 19 to Nov. 6, 1941. that I last saw him alive on Nov. 5, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Leukemia, Myeloid Chronic	?
Due to —	
Due to —	
Other conditions Thrombosis "R" Iliac or Femoral — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Kirkwood, Mo. Date signed 11/7/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....1994.....

P. O. Address.....St. Louis.....

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

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