

FILED MAY 19 1942

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3409a Gravois Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 25 days (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3409a Gravois Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Denis Dengler

3. (b) If veteran, name war..... 3. (c) Social Security No. ---

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. April 15 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 25 hr. min.

9. Birthplace. St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Peter Dengler
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name. Unknown Canova
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Dengler
(b) Address 3409a Gravois Ave.

17. (a) Burial (b) Date thereof. 5/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter-Paul

18. (a) Signature of funeral director Haden, Schulz, Hest & Co.
(b) Address 3634 Gravois Ave

19. (a) MAY 9 1942 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 th
year 1942 hour 2:00 minute P. M.
21. I hereby certify that I attended the deceased from April 15, 1942
to May 9, 1942
that I last saw him alive on May 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Congenital Heart Disease

Due to Pathology of Fallot

Due to 158

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Duration

25 days

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 P. G. Quinn (M. D. or other) D
Address 634 N. Grand Ave. Date signed 5-9-42

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

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

Robert Wheeler

Licensed Embalmer No.

2128

P. O. Address

St. Louis, Mo.

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.