

No. 2  
9-4-41  
5-17-39  
X29384

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28658

FILED OCT 1 1942  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7827

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:  
St. Johns Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Months.  
(Specify whether years, months or days)  
In this community 50 Years.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 000  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4997 Pershing (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME George C. Dintelmann.  
3. (b) If veteran, name war 0  
3. (c) Social Security No. 488-09-3118

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 19th.  
1942 year, 6 hour, 55 minute A. M.

4. Sex M. 5. Color or race W.  
6. (a) Single, widowed, married, divorced Married.  
6. (b) Name of husband or wife Nellie Dintelmann.  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased July 22, 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 16, 1942 to Sept 19, 1942  
that I last saw him alive on 9-18-42  
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 1 Days 27  
If less than one day hr. min.

Immediate cause of death Coronary of Colera  
Due to H/V  
Due to H/V  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Ca of Coronary & secondary  
with glycerol embolism  
Of autopsy 0

9. Birthplace Belleville, Ill.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Pres. Ben Langan Storage Co.

11. Industry or business 0  
12. Name Conrad Dintelmann  
13. Birthplace Germany.  
(City, town, or county) (State or foreign country)  
14. Maiden name Jeannett Starrett.  
15. Birthplace Ohio.  
(City, town, or county) (State or foreign country)

PHYSICIAN 0  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Nellie Dintelmann.  
(b) Address 4152 Cleveland Ave.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 0  
(b) Date of occurrence 0  
(c) Where did injury occur? (City or town) (County) (State) 0  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

17. (a) Burial (b) Date thereof 9-22-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery.  
18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lybell Blvd.  
19. (a) SEP 21 1942 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury 0  
23. Signature Dr. T. D. Duffy (M. D. or other) MD  
Address 6651 2nd St Date signed 9-18-42

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

MOTHER FATHER

Wafney

6651  
the staff  
Embalmer

10

**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 W H Van Matre  
Licensed Embalmer No. 2825  
P. O. Address 4340 Lafayette

**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.