

S. No. 2
DM-2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

State File No. **14647**

FILED MAY 10 1946
318

STANDARD CERTIFICATE OF DEATH

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3959**

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:
3683a Dover Pl.
(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)

3. (a) PRINT FULL NAME **Rosa S Dinges**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **George A**

6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **Sept. 12, 1879**
(Month) (Day) (Year)

8. AGE: Years **66** Months **7** Days **16** If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Own Home**

MOTHER FATHER

12. Name **Ehnert**

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

14. Maiden name **Heim**

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

16. (a) Informant **George Dinges**

(b) Address **3683a Dover Pl.**

17. (a) **Burial** (b) Date thereof **5/2/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **John L Ziegenhain**

(b) Address **7027 Gravois St. Louis**

19. (a) **MAY 1 1946** (b) **J. F. Bredek**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **1/7**

(d) Street No. **3683a Dover Pl.** (If rural, give location) **9**

(e) Citizen of foreign country? **No** (Yes or No) **9**

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **28th**
year **1946** hour **7** minute **00P.** M.

21. I hereby certify that I attended the deceased from **April 8** 19**46** to **April 28** 19**46**
(that I last saw her alive on **April 20** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary occlusion **1 day**

Due to **Myocarditis - Chr** **?**

Due to.....

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

Major findings:
Of operations..... **9/3**

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?.....

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

23. Signature **J. F. Bredek** (M. D. or other) **0**
Address **5417 So. Grand Blvd** Date signed **4/30/46**

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

10547

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. G. Peterson
Licensed Embalmer No. 3767
P. O. Address. Overland 14 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.