

6132
FILED JUN 20 1946
Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6229 Etzel Ave.
(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 St. Louis 96

(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6229 Etzel Ave. 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES F. DINSMORE.

3. (b) If veteran, name war No 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 Marguerite E. Dinsmore 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Oct. 29 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>7</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Supervisor.

11. Industry or business Midwest Pipeing & Supply Co.

12. Name Frank W. Dinsmore.

13. Birthplace Greenville Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Whitman.

15. Birthplace Vixburg, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel D. Biggs.

(b) Address 6229 Etzel Ave.

17. (a) Burial (b) Date thereof 6-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) 6-10-46 (b) E.D. McHarran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1946 hour 3:35 minute A M.

21. I hereby certify that I attended the deceased from 1943
_____ 19____ to 6/9 1946
that I last saw him alive on 6/9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
carcinoma of liver
congestive heart failure
Due to hypertension

Due to 124-6-1

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 0

23. Signature Thomas P. Brewer (M. D. or other) 0
Address 4660 Maryland St. St. Louis Date signed 6/9/46

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

MOTHER FATHER

4660 Maryland
HO-0467

Hrs. -

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 *Clarine K. Murray*

Licensed Embalmer No. 4011

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.