

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1907

FILED MAR 11 1947

Registration District No. 318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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 St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 49 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis 4 000
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1017 S. Kings Pl. 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William J. Dinwoodey

3. (b) If veteran, name war no 3. (c) Social Security No. 489-14-2914

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 13 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation salesmen

11. Industry or business J. J. Hood Auto Co.

12. Name William J. Dinwoodey

13. Birthplace St. Louis (City, town, or county) (State or foreign country) 10

14. Maiden name Elizabeth Marie

15. Birthplace St. Louis (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. J. Dinwoodey

(b) Address 1017 S. Kings Place

17. (a) Burial (b) Date thereof 2/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clemens Cemetery

18. (a) Signature of funeral director J. A. Howard

(b) Address 1619 S. Grand

19. (a) FEB 28 1947 (b) J. F. Redek
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 21st
year 1947 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2-10
_____, 1947, to 2-21 _____, 1947;
that I last saw him alive on 2-21 _____, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death bronchogenic carcinoma Duration 8 mos.
Re. lungs
Due to metastasis to dorsal spine 3 wks.

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN _____
Of operations _____
Of autopsy none
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) na
(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 John J. Hammond (M. D. or other) M.D.
Address 63477. Grand Date signed 2/22/47

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

MOTHER FATHER

2067

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 *Joe A. Howard*
Licensed Embalmer No. 4139
P. O. Address.....

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.