. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 518

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32452

Registrar's No. 9191

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 Mo. Baptist Hospital
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5915 Cates Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martin Charles Dinzler
3. (b) If veteran, name war
3. (c) Social Security No. 487-32-7056

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Philetta Dinzler
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased May (Month) 27, (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	4	4	hr. min.

9. Birthplace Pinkneyville, (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation President
11. Industry or business Dingler Meat Co.

MOTHER FATHER
12. Name Vinzenz Dinzler 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)
14. Maiden name Rosa Berger
15. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Philetta Dinzler
(b) Address 5915 Cates Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) OCT 3 1947 (Date filed with local registrar) (b) J. Bredeck (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st
year 1947 hour 11:10 minute A.M.
21. I hereby certify that I attended the deceased from June 11, 1947 to Oct 1, 1947
that I last saw him alive on Oct 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	24 hrs
Due to arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death) hemiplegia	1 yr

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Samuel B Grant M. D. or other
Address 114 N. Taylor Date signed 10/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sam Grant (7-5)
114 N. Taylor

MAY 27 1949

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 Warren A. Carver

Licensed Embalmer No. 3534

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.