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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 14 1947

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35661

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10000

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Park Lane Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

3. (a) PRINT FULL NAME Ella Dienhart  
(b) If veteran, name war No  
(c) Social Security No None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Leo Dienhart  
(c) Age of husband or wife if alive 53 years  
7. Birth date of deceased July 26 1888  
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 4  
If less than one day hr. min.

9. Birthplace: Cuba Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry of business  
12. Name Frank Evans  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Dienhart  
(b) Address 4463 A Delmar Blvd.  
17. (a) Burial (b) Date thereof Nov. 3 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Jos. W. Clark  
(b) Address 1125 Hodiamont Ave.  
19. (a) NOV 1 1947 J. F. Braddock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County oas  
(c) City or town St. Louis  
(d) Street No. 4463 A Delmar Blvd.  
(e) Citizen of foreign country? No  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30  
year 1947 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from 10-28-1947 to 10-30-1947  
that I last saw her alive on 10-30-1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pyelitis (Non-calculous) 3 days  
Duration

Due to  
Due to  
Other condition: Connec's of liver.  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy: Yes, Pyelitis, carcinoma  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Clyde Skane  
Address: 706 1/2  
Date signed: 11/3/47  
While at work? (Specify type of place)  
(c) Means of injury

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

MOTHER FATHER

Dr. Clyde E. Kane  
706 Walton Ave.  
Ro. 1686

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**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 Alfred J. Boedeker  
Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.

**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.**