S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 13 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2433

Primary Registration District No. 1003

Registrar's No. 1023

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 Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months (Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3989 Meramec Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Smith J. Diringer

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. 493-01-5110

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Myra Prante

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased September (Month) 12 (Day) 1900 (Year)

8. AGE: Years 47 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Geo. Lytte Company

FATHER
12. Name Joseph F. Diringer
13. Birthplace Boonville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Katherine Smith
15. Birthplace Norborne (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Myra Diringer
(b) Address 3989 Meramec Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis Avenue

19. Feb 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1948 hour 3:45 minute A M.

21. I hereby certify that I attended the deceased from 10-14-47 to 1/30/48, 19, to, 19; that I last saw h alive on 1/29/48, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Pachymeningitis Hemorrhagic Internal

Due to

Due to Pachymeningiti Hemorrhagic Internal

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M.D. or other)

Address 4952 Maryland Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Roland Klemme
4952 Maryland Ave

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 Neal L. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis 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.