

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24489

State File No.

REG. DIST. NO. 318

1003

6041

| | | | | | | | |
|---|---------------------|--|---|--|--|--|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. 6041 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) Life | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4152 Cleveland Ave. | | | | 17. STREET ADDRESS (If rural, give location) 4152 Cleveland Ave. 0 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Nellie | | | b. (Middle) _____ | | | c. (Last) Dintelmann | |
| 4. DATE OF DEATH (Month) (Day) (Year) July 4, 1951 | | | | | | | |
| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. | | 8. DATE OF BIRTH July 28, 1889 | | 9. AGE (In years last birthday) 61 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Thomas Fisher | | | 13b. MOTHER'S MAIDEN NAME Mary Ellen Moran | | | 14. NAME OF HUSBAND OR WIFE George C. Dintelmann | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Charles W. Fisher, 4152 Cleveland Ave. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia being metastatic</i> | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma Breast.</i> | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 170X | | | |
| 22. I hereby certify that I attended the deceased from May 11, 1945, to July 4, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 3:35 am, from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>W. Christopher M.D.</i> (Degree or title) | | | 23b. ADDRESS 3721 Washington Blvd. St. Louis, Mo. | | | 23c. DATE SIGNED 7/4/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 7, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. JUL 6 1951 | | REGISTRAR'S SIGNATURE <i>J. B. Lassiter</i> | | EMERALD DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i> | | ADDRESS 3840 Lindell Blvd. | |

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

W H VanMatre

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.