

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40124**
Registrar's No. **10260**

FILED DEC 2 1952

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

BIRTH NO.

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 6215 Pennsylvania, St. Louis | |
| c. LENGTH OF STAY (in this place) 6 yrs | | d. STREET ADDRESS (If rural, give location) 6215 Pennsylvania 20190 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6215 Pennsylvania | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) | | c. (Last) Deiningner | |
| 4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1952 | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Sept. 21, 1884 |
| 9. AGE (In years last birthday) 68 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) night watchman | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
| 10a. KIND OF BUSINESS OR INDUSTRY Federal Electric | 13a. FATHER'S NAME Andrew Deiningner | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Ida B. Deiningner |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN | 16. SOCIAL SECURITY NO. 490121519 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Deiningner, 6215 Pennsylvania | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis. 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 | |
| 19c. INTERVAL BETWEEN ONSET AND DEATH 12 years | | 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4222 | |
| 22. I hereby certify that I attended the deceased from Oct. 28th, 1952 , to Nov. 6th, 1952 , that I last saw the deceased alive on Nov. 6th, 1952 , and that death occurred at 10:05 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Walter K. Altmeyer D.C. | | 23b. ADDRESS 3407 S. Grand Blvd., | 23c. DATE SIGNED Nov. 7th. 52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) cremation | 24b. DATE 11/ 10/52 | 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| DATE REC'D BY LOCAL REG. NOV 7 1952 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. M. S. P. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan | |

(Licensed Embalmer's Statement on Reverse Side)

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 E Morris _____

Licensed Embalmer No. 3360 _____

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.