

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7383**

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 **915 N. Grand BLVD. St. Louis, Missouri**

c. CITY OR TOWN **ST. LOUIS**
d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) **38 DAYS**
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSPITAL**

e. STREET ADDRESS (If rural, give location) **21 1432 North 20th Street 22190**

3. NAME OF DECEASED
a. (First) **DANIEL**
b. (Middle) **J.**
c. (Last) **DINEEN**

4. DATE OF DEATH (Month) (Day) (Year)
8-8-54

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **7-26-88**

9. AGE (in years last birthday) **66**
If UNDER 1 YEAR Months Days
If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HUCKSTER**

10b. KIND OF BUSINESS OR INDUSTRY **HUCKSTERY**

11. BIRTHPLACE (City and State or Foreign Country) **ST. LOUIS, MISSOURI**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JOHN DINEEN**

13b. MOTHER'S MAIDEN NAME **MARY MC GUIRE**

14. NAME OF HUSBAND OR WIFE **RUTH DINEEN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WWI**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **VA HOSPITAL RECORDS, ST. LOUIS, MO.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **HEMORRHAGE INTO SUBARACHNOID SPACE DUE TO DISTURBANCE OF CLOTTING MECHANISM**

INTERVAL BETWEEN ONSET AND DEATH **12 HRS.**

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.
DUE TO (b) _____
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 NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **330x**

22. I hereby certify that I attended the deceased from **7-1**, 19**54**, to **8-8**, 19**54**, and that death occurred at **5:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Robert C. Hoppe** (Degree or title) **M.D.**

23b. ADDRESS **VAH, ST. LOUIS, MO.**

23c. DATE SIGNED **8-8-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **8/11/54**

24c. NAME OF CEMETERY OR CREMATORY **National Cemetery**

24d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo.,**

DATE REC'D BY LOCAL REG. **AUG 10 1954**
REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Leidner Und.Co., 2223 St. Louis Ave.,**

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.....
Signature of Student Embalmer

Signed.....
Paul A. Wachter

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.