

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

38674

State File No. ....  
Registrar's No. 9443

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY ST. LOUIS, MISSOURI  
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI  
b. COUNTY St. Louis  
c. CITY OR TOWN AFFTON 4810  
d. Is Residence within limits of a city or incorporated town? Yes  No   
STREET ADDRESS (If rural, give location) 5811 STALEY

3. NAME OF DECEASED  
a. (First) PETER b. (Middle) PAUL c. (Last) DIENHART

4. DATE OF DEATH (Month) (Day) (Year)  
10-16-54

5. SEX MALE 6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH November 12, 1883

9. AGE (In years last birthday) 70  
F UNDER 1 YEAR Months Days F UNDER 15 MINS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Famous Barr Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Waterloo, Ill.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unknown Dienhart

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Charlotte Dienhart

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Albert J. Dienhart 5811 Staley Ave.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Esophagus with metastases  
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.

INTERVAL BETWEEN ONSET AND DEATH  
4 MO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
150X

22. I hereby certify that I attended the deceased from Oct. 10, 1954, to Oct. 16, 1954, that I last saw the deceased alive on Oct. 16, 1954, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M. D.

23b. ADDRESS BARNES HOSPITAL

23c. DATE SIGNED 10/17/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Oct. 19, 1954

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.

24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. OCT 18 1954

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Kriegshausen 4228 S. Kingshighway Bl.

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 *Richard W. Stovessand*.....

Licensed Embalmer No. *400*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.