

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

42071

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... (No. ....)

Registration District No. **791**  
Primary Registration District No. **791B**

File No. ....  
Registered No. **11729**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **705 Aubert** St., **12** Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX  
4. COLOR OR RACE  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*Male* *White* *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 10 1864*

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>65</i>	<i>6</i>	<i>21</i>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. *Clerk*  
(b) General nature of industry, business, or establishment in which employed (or employer). *Office*  
(c) Name of employer. *City of St. Louis*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*St. Louis*

10. NAME OF FATHER *Wm. H. Dindgraves*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  
*St. Louis*

12. MAIDEN NAME OF MOTHER *Micita Scarborough*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  
*Virginia*

14. INFORMANT *Esther D. Miller*  
(Address) *647 Amelia Av. Webster*

15. FILED **DEC -2 1929** *Wm. C. Parker* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 1 1929*

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... *530 a.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Shock & Burns 1st Degree*  
*Due to clothing becoming ignited by Gas Heater*  
CONTRIBUTORY (SECONDARY) *Accident*

18. WHERE WAS DISEASE CONTRACTED? *The Burning Beag.*  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) *J. W. Lemm*, M.D.

*12th, 1929* (Address) *Dep. Coroner*  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Calvary* DATE OF BURIAL *Dec 3 1929*

20. UNDERTAKER *Kangas & Sheahan* ADDRESS *4415 Washington*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

