

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

Do not use this space.

42307

1. PLACE OF DEATH

County.....

Registration District No.....

701
1003

File No.....

Registered No.....

11438

Township.....

Primary Registration District No.....

City *St. Louis* (No. *City Hospital*)

St. Ward

#16128

2. FULL NAME

William D. Dinselbach

(a) Residence, No. *3304 Salena*
(Usual place of abode)

St. *14* Ward *1*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *1* yrs. *1* mos. *1* ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 1-1863*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 8 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Packer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *151*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

13. NAME *Wm. Dinselbach*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Duflon, Wis.*

15. MAIDEN NAME *Martha Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Hospital information*

18. BURIAL, CREMATION, OR REMOVAL *St. Pauls churchyard* DATE *Dec 26 1932*

19. UNDERTAKER (ADDRESS) *Ziegenhain Bros. 12623 Chesapeake*

20. FILED *DEC 23 1932*

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 22nd, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 19th 1932 to Dec. 22nd 1932*
I last saw him/live on *Dec 22nd 1932* Death is said to have occurred on the date stated above, at *3.25 P.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
82A
101A
82W
Other contributory causes of importance:
Bronch. Pneumonia
Date of onset *12-19-32*

Name of operation..... Date of.....
What test confirmed diagnosis? *Clinical* Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *Arthur A. Nines*, M. D.
(Address) *City Hospital*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

