

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

Do not use this space.

1. PLACE OF DEATH <sup>14</sup> JUL 19<sup>36</sup>  
 County..... Registration District No..... **791**  
 Township..... Primary Registration District No. **1003**  
 City..... (No. **en route, City Hosp.**) St. .... Ward)

2. FULL NAME *Fannie Dineck*  
 (a) Residence, No. **2214, No. 14th** St., **26** Ward.  
 (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.

File No. **24863**  
 Registered No. **6518**

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John Dineck</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>unknown</i>		
7. AGE <i>abt 64</i>	YEARS	MONTHS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>housewife</i>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>housewife</i>
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) <i>St. Louis, Missouri</i>		
13. NAME <i>John Dineck</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
15. MAIDEN NAME <i>Catherine Dineck</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
17. INFORMANT <i>Pat Beckert</i> (ADDRESS) <i>5334 No. Broadway</i>		
18. BURIAL, CREMATION, OR REMOVAL <i>New Bethlehem</i> DATE <i>June 27, 36</i>		
19. UNDERTAKER <i>Bensel, Neubaer</i> (ADDRESS) <i>1138 South 19th</i>		
20. FILED <b>JUN 27 1936</b>		

**MEDICAL CERTIFICATE OF DEATH**

~~No physician in attendance~~  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 24, 1936*  
 22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **7:20 P.**  
 The principal cause of death and related causes of importance were as follows:  
**Chronic Myocarditis; Arterio-Sclerosis; Cirrhosis of Liver Splenitis**  
 Date of onset **1246**  
 Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **YES**  
 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) *J. P. Bredeck*, M. D.  
 (Address) *St. Louis, Mo.*  
**626/36**

