REC'D JAN 11 1939

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

40989
Do not use this space.

1. PLACE OF DEATH
(a) County 3 Registration District No. 791
(b) Township 1 Primary Registration District No. 1008 Registered No. 10681
(c) City St Louis (d) Street No. MASONIC HOME (5351 DELMAR)
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 524 Edgar Marvin Dingle
(a) Residence, No. 5351 DELMAR St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 5th 1854
7. AGE: YEARS 84 | MONTHS 0 | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Propritor (Retired)
9. Industry or business in which work was done, as saw mill, bank, etc.: Hotel at Fayette Mo
10. Date deceased last worked at this occupation (month and year): about 10 yrs ago
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mexico Missouri

FATHER
13. NAME: Carter Dingle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mexico Missouri

MOTHER
15. MAIDEN NAME: Nancy (unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mexico Missouri

17. INFORMANT (ADDRESS): Mrs. W. Waller (Matron) 5351 Delmar Blvd.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt Lebanon Cem DATE: 12-12 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): C. R. Lupton & Sons 7233 Delmar Blvd.
20. FILED: DEC 12 1938 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 10, 1938
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 7:55 AM
The principal cause of death and related causes of importance were as follows:

Gun Shot wound of right temple, self inflicted, at Masonic Home, 5351 Delmar Boul., December 10th, 1938 about 7:20 A.M.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 12/10 1938
Where did injury occur? St. Louis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Masonic Home
Manner of injury .....
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify .....
(Signed) Alfred Perry M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-12-38 I X14928

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, ...

Bradford A. Miles, or by .....,

Registered Apprentice No. ....., working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo.

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 this body is not embalmed, above space should be left blank.