

250 APR 12 1939

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

8672  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. **2437**  
(c) City St. Louis or (d) Street No. Deaconess Hosp. St.  
(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 <sup>5211</sup> Minnie Dingler

(a) Residence, No. 2706 Missouri Ave. St. **23**  
(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 Female 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 Albert Dingler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
51 0 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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

FATHER 13. NAME Cintel

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Albert Dingler  
2706 Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthew's DATE Mar. 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle  
2331 S. Broadway

20. FILED MAR 14 1939 J. D. Budler  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1939, to 3-12, 1939  
I last saw him alive on 3-12, 1939 Death is said to have occurred on the date stated above, at 7:25a. m.  
The principal cause of death and related causes of importance were as follows:

Diffuse carcinoma of abdomen.  
Primary seat uterus  
Date of onset ?

Other contributory causes of importance:

Name of operation none Date of .....  
What test confirmed diagnosis? Biopsy 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 .....  
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? no  
If so, specify .....  
(Signed) P. B. Cappel, M. D.  
(Address) 3239 Franklin Ave.

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

**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.....

*Frank J. Hyland Sr.*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Frank J. Hyland Sr.*

Licensed Embalmer No. *2645*

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.**