BURRAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH State File No. 1. PLACE OF DEATH (a) County. (b) City or town. (if considerably to three limits, write "RURAL" and name of township) (c) Name of hospitale of institution. (d) Length of stay: In hospital or institution. (e) OPENTAL OF RESIDENCE OF DECRASED. (c) County. (d) Length of stay: In hospital or institution. (d) Length of stay: In hospital or institution. (e) Opentity whather (if routs design or or institution. (f) Street No. (f	No. 2 -13-40	DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH				
Registration District No. 184 Primary Registration District No. 184 Registration District No. 184 Primary Registration District No. 184 Registration District No. 184 Primary Registration Primary Registration Registration Registration Registration No. 184 Primary Registration Re	17-39	BURBAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH				
(6) County St. Louis (6) County (If causate city or town. University Oity (7507 K.1.Rg. blury Ave. (17 causate city or twen limits, write reflection. (18 causate city of the community.) (6) Euret No. (18 causate city or twen limits, write reflection. (18 causate city of the community.) (7467 K.1.Rg.BDUTY) (8) Street No. (7467 K.1.Rg.BDUTY) (9) Street No. (18 causate city of the community.) (18 causate city of the causate city of causate.) (18 causate causate.) (18 causate.) (1	X23159	1011	1884			
3. (b) If veteran, name war. 3. (c) Social Security No. 4. seFemale record of divorced Widowed, married, divorced, married, divorced, married, divorced Widowed, married, divorced, married, did details, divorced	SORD	(a) County St. Louis (b) City or town University City) ·			
3. (b) If veteran, name war. 3. (c) Social Security No. 4. seFemale record of divorced Widowed, married, divorced, married, divorced, married, divorced Widowed, married, divorced, married, did details, divorced	SNT REC	(c) Name of hospital or institution: 7467 Kingsbury Ave. (If not in hospital or institution, write street number or location)	(If outside city or town limits, write "RURAL")			
3. (b) If veteran, name war. 3. (c) Social Security No. 4. seFemale record of divorced Widowed, married, divorced, married, divorced, married, divorced Widowed, married, divorced, married, did details, divorced	MANI	In this community (Specify whether	(if rural, give location)			
name war						
4. Set Silicity Trace Trac	1AKE	name war	21. I hereby certify that I attended the deceased from Ward 1937			
Vincent Dinzler		4. seFemale mcWhite divorced Widowed	that I last saw he alive on QCV 3 1946;			
Second Color of the Color of	RITE PLAINLY—USE UNFADING BLACK	Vincent Dinzler 7. Birth date of deceased July 14 1861	Immediate cause of death			
10. Usual occupation HOUSEWITE 11. Industry or business.			Due to Sold Sold Sold Sold Sold Sold Sold Sol			
10. Usual occupation HOUSEWITE 11. Industry or business.		79 2 21 hr	Die in			
Major findings: Of operations Underline the cause to which death should be charged statistically.		(City, town, or county) (State or foreign country)	Other conditions.			
(b) Address 7467 K1ngsbury 17. (a) Removal (b) Date thereof 10-6-40 (City or town) (County) (State) (c) Place: burial or cremation Maddonnaville III 18. (a) Signature of funeral director repair of Many (Signature) (Date received local registrar) (Date received local registrar) (Date signature) (Date signatur		11. Industry or business.	Major findings: Of operations			
(b) Address 7467 K1ngsbury 17. (a) Removal (b) Date thereof 10-6-40 (City or town) (County) (State) (c) Place: burial or cremation Maddonnaville III 18. (a) Signature of funeral director repair of Many (Signature) (Date received local registrar) (Date received local registrar) (Date signature) (Date signatur		(City, town or country) (State or foreign country)	Of autopsy the cause to which death should be charged sta-			
17. (a) Removal (b) Date thereof 10-6-40 (City or town) (County) (State) (b) Place: burial or cremation. Maddonnaville Ill 18. (a) Signature of funeral directory rehmannia (b) Address 9-6-1940 (c) Manny (State) (b) Address 9-6-1940 (c) Manny (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Where did injury occur? (f) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Where did injury occur? (f) Did injury occur? (g) Did injury occur in or about home, on farm, in industrial place, in public place? (g) Did injury occur in or about home, on farm, in industrial place? (g) Did injury occur? (g) Did injury occur in or about home, on farm, in industrial place? (g) Did injury occur? (g) Did injur		(City, town, or county) (State or foreign country) 16. (a) Informant Martin Dinzler	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)			
18. (a) Signature of funeral directors) remains - Harra While at work? (c) Means of injury (c) Means of injury 19. (a) OCI = 6 1940 (b) / Rights of Signature) Address 45 Q Q Q Q Q Date signed 10 Q Q Q Date signed 10 Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	* -	17. (a) Removal (b) Date thereof 10-6-40 (Month) (Day) (Year)	(c) Where did injury occur? (City or town) (County) (State)			
19. (a) Ut - U 344 (b) A Harm's signature Address 45 Qu U Date signed 10 6 4	į	18. (a) Signature of funeral director PEMANN - HATTA! (b) Address / 9.05 UNITO N 13 V AL O	While at work? (c) Means of injury			
		(Date received local registrar) Registrat's alignature)	Address 45 Qu Ulul 70 Date signed 10 540			

an L. L.

STATEMENT BY LICENSED EMBALMER

•	• • •	, .	
I hereby certify that the body whose name	is recorded on the reverse side of this	s certificate was embalmed by me, or by	***************************************
		Registered Apprentice No.	

working under my personal supervision.

signed Smer Frehmann

P. O. Address H. Louin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply we the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.