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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

D. T. L. Hardin

State File No. **39595**

Registration District No. **757**

Primary Registration District No. **3036**

Registrar's No. **196**

1. PLACE OF DEATH:

(a) County **St. Charles**  
(b) City or town **St. Charles**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**404 N. Benton Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days **2**

REC'D DEC 1 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**  
(c) City or town **St. Charles**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **404 N. Benton Avenue**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Louise Jane Dintess**

8. (b) If veteran, name war **No** 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John N. Dintess** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **January 16 1854**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**86 10 1** hr. \_\_\_\_\_ min.

9. Birthplace **Castell County Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **!**

MOTHER FATHER { 12. Name **Silvana Riegel** !  
13. Birthplace **Unknown Pennsylvania**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Minerva Rice**  
15. Birthplace **Unknown Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Grace Allen**  
(b) Address **219 Hoely, Moberly, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 19-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakland Cem. Moberly, Mo.**

18. (a) Signature of funeral director **H. C. Dalmeyer & Sons**  
(b) Address **800 N. Second, St. Charles, Mo.**

19. (a) **11/18/40** (b) **Lawrence D. Dintess**  
(Date received local registrar) (Registrar's signature) **(200)**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **17**  
year **1940** hour **8** minute **A. M.**

21. I hereby certify that I attended the deceased from **Sept-19-40**  
**1940** to **Nov-17**, 19**40**  
that I last saw him alive on **Nov-17**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to \_\_\_\_\_

Due to **12412**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **W.A.**

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **D. T. L. Hardin** (M. D. or other) **!**  
Address **St. Charles, Mo.** Date signed **11-18-40**

Duration **5 mo from 11/18/40**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *John E. Hallmeyer*

Licensed Embalmer No. *2951*

P. O. Address *St Charles 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.**