S. No. 2
4-13-40
5-17-39
P I- X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 661
Registrar's No. 661

Registration District No. 7917 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 20 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1 17
(If outside city or town limits, write "RURAL")

(d) Street No. 8637 S. Broadway Blvd. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frank Dengler

3. (b) If veteran, name war

3. (c) Social Security No. 497-10-7413

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adline Bence Dengler

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June (Month) 14 (Day) 1883 (Year)

8. AGE: Years 57 Months 7 Days 5 ~~19~~ If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Carpenter

11. Industry or business W.P.A.

FATHER
12. Name Frank Dengler Sr.
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Dont Know
15. Birthplace 9 (City, town, or county) Dont Know (State or foreign country)

16. (a) Informant Rose Kowats
(b) Address 2634 Tennessee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 22-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) JAN 21 1941 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19. year 1941 hour 5:35 minute P. M.

21. I hereby certify that I attended the deceased from November 30, 1940 to January 19, 1941; that I last saw him alive on January 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 6-7 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Refused

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work (e) Means of injury

23. Signature Samuel Wallace (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 1/20/41

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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

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