

FILED MAR 24 1942

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**2004 Market St**  
(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. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **6.00**  
 (c) City or town..... **St. Louis** **2211**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **2004 Market St** **9**  
(If rural, give location)  
 (e) Citizen of foreign country?..... **0**  
(Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Charles Dinges**  
 3. (b) If veteran, name war..... **\*\*\*\*\***  
 3. (c) Social Security No..... **Unknown**

4. Sex..... **Male** (1) 5. Color or race..... **White**  
 6. (a) Single, married, divorced..... **Married**  
 6. (b) Name of husband or wife..... **Ida Dinges**  
 6. (c) Age of husband or wife if alive..... **55** years  
 7. Birth date of deceased..... **July 15 1882**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**59** **7** **12** hr. min.

9. Birthplace..... **Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Dish Washer**

11. Industry or business..... **Restaurent**

12. Name..... **Charles Dinges**

13. Birthplace..... **Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Julia Harrington**

15. Birthplace..... **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **August Dinges**

(b) Address..... **4389 Gibson Ave**

17. (a) **Burial** (b) Date thereof..... **March 5 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park**

18. (a) Signature of funeral director..... **Petz Brothers**  
**3029 Lafayette Ave**

(b) Address.....

19. (a) **MAR 5 - 1942** (b) Registrar's signature..... **J. F. Budeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

Found Dead  
 20. DATE OF DEATH: Month..... **4th** day..... **March**  
 year..... **1942** hour..... **6:30** minute..... **P.** M.

21. I hereby certify that I attended the deceased from.....  
 ....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Chronic Myocarditis**  
**Chronic Nephritis**

Due to..... **W.M.A.**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

Duration  
 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?..... Means of injury..... **3**

23. Signature..... **Thomas J. Callahan** (M. D. or other)  
 Address..... **Deputy Coroner** Date signed..... **3/5/42**

**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.....

*Not Embalmed*  
*Frank J. Owens*

Licensed Embalmer No.....

*2245*

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, fact should be so stated above.**