

Registration District No. 318

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, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4051 West Pine
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Andrew Dingfelder
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased.....
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 77 hr. min.

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

10. Usual occupation Rooming House

11. Industry or business Self

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant MAUD BROWN

(b) Address 4055 WEST PINE

17. (a) Burial (b) Date thereof 1/20/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Edith E. Ambruster
 (b) Address 4234 Manchester

19. (a) JAN 19 1943 (b) J. F. Buddeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4051 W. Pine
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 18
 year 1943 hour 5.30A M. minute..... M.
 21. I hereby certify that I attended the deceased from about Jan 1
1943, to Jan 18, 1943
 that I last saw him alive on Jan 17, 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death Pneumonia
Tubercles or Catarrhal type
 Due to Chronic Hepatitis
& complications
 Due to 12H
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings: L
 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?
 While at work?..... (Specify type of place)
 (e) Means of injury.....
 23. Signature C. P. Puckett (M. D. or other)
 Address 3529 Franklin Date signed.....

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..... *Florus Eymark*

Licensed Embalmer No..... *1284*

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.