

STANDARD CERTIFICATE OF DEATH

12051

State File No.

Registrar's No.

3284

FILED APR 19 1943 318

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3640 Wyoming /
(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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3640 Wyoming
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Esther Dinsbeer

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

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

6. (b) Name of husband or wife Dr. John Dinsbeer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 2 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Edwin Lybarger
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Helen Richardson
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. F. Wischmeyer

(b) Address 3640 Wyoming

17. (a) Cremation (b) Date thereof 4/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director W. Lehmann

(b) Address 3013 Meramec

19. (a) APR 7 1943 (b) J. F. Brudick
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1943 hour 8 minute 30th M.

21. I hereby certify that I attended the deceased from April 6th 1943 to April 6th 1943 that I last saw him alive on April 5th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cholerae Infection Duration 2 days
Due to Bronchopneumonia Cholera
Wound: Virus Sclerosis Cholera
Due to Cholerae Infection Cholera
Other conditions Cholerae Infection Cholera
(Include pregnancy within 3 months of death)

Major findings: Of operations No Of autopsy No
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? No (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 James Hill (M. D. or other) _____
Address 916 1/2 St. Louis Date signed 4/6/43

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

707

2816 SUTTON
2 pm to 4 pm

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 Asyst. J. DeLambert, Registered Apprentice No. _____
working under my personal supervision.

Signed Gray J. DeLambert
Licensed Embalmer No. 2906
P. O. Address 3013 Miramar

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.