

FILED MAY 3 1944

Registration District No. 319

Primary Registration District No. 3069

Registrar's No. 1059

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
New St. Mary's Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week,
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3952 Delor St.,
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ivy Dinkel,

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

4. Sex Female, 5. Color or race White 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Edward J. 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased November 3, 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>6</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Housewife,

11. Industry or business _____

MOTHER FATHER
12. Name Julius A. Duperret,
13. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)
14. Maiden name Dora Coerisch,
15. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

16. (a) Informant Edward J. Dinkel,
(b) Address 3952 Delor St.,

17. (a) Burial (b) Date thereof 5/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Keramec St.,

19. MAY 9 - 1944 (b) 1944 E. D. McKeown, M.D.
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1944 hour 4: minute 15 A. M.

21. I hereby certify that I attended the deceased from 5-1-1944 to 5-6-1944
that I last saw him ER alive on 5-6-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Delayed shock & highway insufficiency following hysterectomy
Due to Chronic cervicitis, fixed 3rd degree Retroversion of uterus
Other conditions Endometriosis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy 13963

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) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 6-8-44

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

Copies - 363

MAY 12 1900

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.....me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Joe S. Benz

Licensed Embalmer No..... 4249
2842 Meramec St.,
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.