Dr. Williams

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 11 1946

State File No. 5228

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 151

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 736 W. Walnut (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 70 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No. 736 W. Walnut (If rural, give location) 6
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julius Wm. Dingeldein

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 1

5. Color or race White

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

6. (b) Name of husband or wife Matilda Dingeldein

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

7. Birth date of deceased Jan. (Month) 24 (Day) 1871 (Year)

8. AGE: Years 75 Months 0 Days 18 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Sebastian Dingeldein
13. Birthplace UNK. (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Dorothea Studd
15. Birthplace UNK. (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Matilda Dingeldein
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 2-15-46 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1946 hour 2:00 minute P.M.

21. I hereby certify that I attended the deceased from Jan 28, 1946, to Feby 12, 1946, that I last saw him alive on Feby 12, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	16 Days
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy	

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) No
(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? No (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Robert J. Williams (M. D. or other)
Address Springfield Mo Date signed 2-13-46

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 [illegible]

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 L. Doolen Ermin

Licensed Embalmer No. 3177

P. O. Address Springfield 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.