

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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 22 1948 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 24220
Registrar's No. 6169

Registration District No. _____ 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:
3874 Kingsland Court /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

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. 3874 Kingsland Court
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME T. George Dineen

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 Widow

6. (b) Name of husband or wife Caroline

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

7. Birth date of deceased April 18 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>/</u>	<u>63</u>	<u>2</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Timothy Dineen

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

14. Maiden name Helen Heimbacher

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

16. (a) Informant Michael L. Kelly

(b) Address 2135 Hubbard St., Detroit, Mich

17. (a) Burial (b) Date thereof 7/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Wacker-Welder

(b) Address 3634 Gravois Ave.

19. (a) JUL 12 1948 (b) J. F. Brennan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1948 hour 1 minute 40 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 Hemorrhage due to gunshot wound of head, self inflicted, at his home, on July 10, 1948, about 1:34PM SUICIDE WHILE SUFFERING FROM TEMPORARY MENTAL ABERRATION.

Due to _____

Other conditions 164
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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) suicide

(b) Date of occurrence 7-10-1948

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work no (Specify type of place) _____
Means of injury see above

23. Signature Alfred J. Perry (M.D. or other) 3
Address Deputy Coroner Date signed 7-12-48

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert J. Krupnik*
Licensed Embalmer No. *3497*
P. O. Address *3634 Gravois*

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.