

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36099

State File No. _____

NOV 5 1952
BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 349

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Farmington</u>		c. CITY (If outside corporate limits, write RURAL and give township) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>151, 54, 26</u>		c. CITY (If outside corporate limits, write RURAL and give township) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		d. STREET ADDRESS (If rural, give location) <u>5700 Cates Avenue</u> <u>2059</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>	b. (Middle)	c. (Last) <u>DINGWERTH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 25, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>January, 1895</u>	9. AGE (In years last birthday) <u>57</u>	10. MONTH (Days) (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House maid</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lively Grove, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Dingwerth</u>	13b. MOTHER'S MAIDEN NAME <u>Gertrude Franke</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the abdominal viscera - -</u>		<u>14 mths.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the rectal sigmoid junction</u> DUE TO (c)		<u>12 mths.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia praecox, Paranoid type.</u>		<u>Sev. yrs.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>154X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 8, 1946, to October 25, 1952, that I last saw the deceased alive on October 25, 1952, and that death occurred at 6:10 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>	23c. DATE SIGNED <u>10-27-1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-28-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Liborius Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Libory, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>Oct 27, 1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS
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(Licensed Embalmer's Statement on Register 1-10)

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Geo Renner

Licensed Embalmer No. *2314*

P. O. Address *Belleville Ill.*

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.