

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **22802**  
Registrar's No. **5410**

FILED JUN 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b> ✓ c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before and address) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Affton</b> <b>H810</b> d. STREET ADDRESS (If rural, give location) <b>5811 Staley Ave.</b>	
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<b>3. NAME OF DECEASED</b> a. (First) <b>WILLIAM</b> b. (Middle) <b>A.</b> c. (Last) <b>DIENHART</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MAY 28, 1953</b>			
<b>5. SEX</b> Male <input checked="" type="radio"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Single (1)	<b>8. DATE OF BIRTH</b> Dec. 7, 1879	<b>9. AGE</b> (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Tailor-Rosen Tailoring Co.</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Waterloo, Ill.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> _____

<b>13a. FATHER'S NAME</b> <b>Peter M. Dienhart</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Frances Pffiffer</b>	<b>14. NAME OF HUSBAND OR WIFE</b> _____
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) No	<b>16. SOCIAL SECURITY NO.</b> <b>488-32-3525</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Paul Dienhart 5811 Staley Ave.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Inter ventricular hemorrhage</u> ANTECEDENT CAUSES <u>Hypertensive Cardio-Vascular disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> _____
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u>			

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____ <b>443X</b>

**22. I hereby certify that I attended the deceased from 5-22-53, 19, to 5-28-53, 19, that I last saw the deceased alive on 5-28-53, 19, and that death occurred at 6:50P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Charles E. Carlston, M.D.</u>	<b>23b. ADDRESS</b> <b>1515 Lafayette Avenue</b>	<b>23c. DATE SIGNED</b> <b>5-29-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) Burial	<b>24b. DATE</b> <b>June 1, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>S/S Peter &amp; Paul Cem.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>
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<b>DATE REC'D BY LOCAL</b> <b>JUN 1 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <u>J. Carl Smith M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Kriegshauser 4228 S. Kingshighway B1</b>
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WRITE PLAINLY - USING CAPITAL LETTERS

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Dale A. Grammer

Licensed Embalmer No. 4533

P. O. Address Louis M

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.