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Reg.# 110 954

FILED JUN 26 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23442

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1640

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>RANDOLPH</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>COULTERVILLE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>17 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>8120 8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EARL</b>	b. (Middle) <b>G</b>	c. (Last) <b>DINTELMAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 12 1953</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-9-94</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GUARD</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SECURITY HOSPITAL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>OAKDALE, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>AMOS DINTELMAN</b>	13b. MOTHER'S MAIDEN NAME <b>IDA HENDRICKS</b>	14. NAME OF HUSBAND OR WIFE <b>LOUISE DINTELMAN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>YES WWT</b>	16. SOCIAL SECURITY NO. <b>317 09 9191</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS. MO.</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MEDICAL CERTIFICATION ACUTE FIBRINOLIS PERICARDITIS WITH DEATH IN CARDIAC FAILURE.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <b>BRONCHO PLURAL FISTULA LEFT LOWER LOBE BRONCHUS</b>  Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>Apr. 15, 1953</b>	19b. MAJOR FINDINGS OF OPERATION <b>LEFT LOWER LOBE CARCINOMA</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>40104</b>
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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 5-26, 1953, to 6-12, 1953, ~~and that death occurred at 1:15 pm., from the causes and on the date stated above.~~

22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>VA HOSPITAL, JEFF. BRKS., MO</b>	22c. DATE SIGNED <b>6-12-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-13-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ELKTON</b>	24d. LOCATION (City, town, or county) (State) <b>WASHINGTON COUNTY, ILLINOIS</b>
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DATE REC'D BY LOCAL REG. <b>6/13-53</b>	REGISTRAR'S SIGNATURE <b>Hubert R. Donohue</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Howard Wilson</b>	ADDRESS <b>Coulterville, Ill.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

1000

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.....  
Signature of Student Embalmer

Signed *James R. Chapman*.....  
Licensed Embalmer No. *45*  
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.