

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35297

State File No. 9695  
Registrar's No.

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

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION 4421 Miami

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY \_\_\_\_\_

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes  No

e. STREET ADDRESS (If rural, give location) 15 4421 Miami

3. NAME OF DECEASED  
(Type or Print) a. (First) GEORGE b. (Middle) P. c. (Last) DENGLER

4. DATE OF DEATH (Month) (Day) (Year)  
Oct. 23 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Feb. 7, 1889

9. AGE (In years last birthday) 65 yrs.

IF UNDER 1 YEAR Days \_\_\_\_\_

IF UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Washer

10b. KIND OF BUSINESS OR INDUSTRY Laundry-Hospital

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bernard Dengler

13b. MOTHER'S MAIDEN NAME Mary Segelke

14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. 492-09-1838

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Catherine Rinne, 4421 Miami

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage without  
with atherosclerosis  
ANTECEDENT CAUSES arteriosclerosis  
Endo-carditis  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 days

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. 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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from 8/28/57, 1957, to 10-23, 1954, that I last saw the deceased alive on 10-23, 1954, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. F. Flagg M.D.

23b. ADDRESS 3150 Morganford Rd

23c. DATE SIGNED 10-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 10-26-54

24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. OCT 25 1954

REGISTRAR'S SIGNATURE J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.

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

Phone PR 2-6345  
Hours 1-3  
7-8  
10-11

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 None  
Signature of Student Embalmer

Signed Delis J. Krupin  
Licensed Embalmer No. 34  
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.