

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23321

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 155

1. PLACE OF DEATH
a. COUNTY Saint Charles
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Charles

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles c. LENGTH OF STAY (In this place) 3 days
c. CITY OR TOWN St. Charles d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Saint Joseph's Hospital
e. STREET ADDRESS (If rural, give location) 710 North Sixth Ave. 0923

3. NAME OF DECEASED a. (First) Robert b. (Middle) Dingledine c. (Last) Dingledine
4. DATE OF DEATH (Month) (Day) (Year) July 20, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 4, 1868
9. AGE (In years last birthday) 87 10. MONTHS 2 11. DAYS 16 12. HOURS _____ MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) watchman 10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (City and State or Foreign Country) Saint Charles Co., Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Adam Dingledine 13b. MOTHER'S MAIDEN NAME Frances Martin 14. NAME OF HUSBAND OR WIFE Emma Feldman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred Jeske, St. Charles, Mo. ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Memia
INTERVAL BETWEEN ONSET AND DEATH 3 mo.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Prostatic Hypertrophy
? malign
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 610x

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 17, 1955, to July 26, 1955, that I last saw the deceased alive on July 20, 1955, and that death occurred at 1:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Russell Glider M.D. 23b. ADDRESS St. Charles Mo. 23c. DATE SIGNED July 21, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 23, 1955 24c. NAME OF CEMETERY OR CREMATORY Saint John's Cemetery 24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.

DATE REC'D BY LOCAL REG. July 22 1955 REGISTRAR'S SIGNATURE Samuel R. ... 25. FUNERAL DIRECTOR'S SIGNATURE ... & Son, St. Charles Mo. ADDRESS _____

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

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 *Frank R Amalson*.....

Licensed Embalmer No. *48*.....

P. O. Address *St Cha*.....

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.

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