

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38164
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9820**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis**
d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Lutheran Hospital**
e. STREET ADDRESS (If rural, give location) **5420 Geraldine** **2079/0**

3. NAME OF DECEASED
a. (First) **Jacob** b. (Middle) **F. A.** c. (Last) **Dinger**
4. DATE OF DEATH (Month) (Day) (Year) **Nov. 9, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Oct. 6, 1879** 9. AGE (In years last birthday) **76-1-3** # UNDER 1 YEAR Months Days # UNDER 1 Wk. Hours Min.

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

13a. FATHER'S NAME **Franz A. Dinger** 13b. MOTHER'S MAIDEN NAME **Amelia Weise** 14. NAME OF HUSBAND OR WIFE **Ella K. Brandt**

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 **Ralph E. Dinger** ADDRESS **5420 Geraldine, St. Louis**

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute myocardial infarction** INTERVAL BETWEEN ONSET AND DEATH **2 min**
ANTECEDENT CAUSES **Arteriosclerotic coronary disease 24 yrs**
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.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **420.1** 20. AUTOPSY? YES NO

21a. ACCIDENT (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 (Month) (Day) (Year) (Hour) OF INJURY _____ 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 **June, 1953** to **Nov 9, 1955**, that I last saw the deceased alive on **Nov 9, 1955**, and that death occurred at **11:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Rammshorn M.D.** (Degree or title) 23b. ADDRESS **3701 Grandel St** 23c. DATE SIGNED **11-20-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **11/13/55** 24c. NAME OF CEMETERY OR CREMATORY **Roselam Memorial Park** 24d. LOCATION (City, town, or county) (State) **Festus, Mo.**

DATE REC'D BY LOCAL _____ REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **H. W. Wray** ADDRESS **Festus Mo**

DATE REC'D BY LOCAL **NOV 10 1955**

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 *Donald H. Wingard*

Licensed Embalmer No. *4660*

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