

FILED AUG 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25570**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>563</b>		Registrar's No. <b>1762</b>	
1. PLACE OF DEATH a. COUNTY <b>SAINTE LOUIS COUNTY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>JENNINGS</b>		c. LENGTH OF STAY (to this place) <b>4 YEARS</b>		c. CITY OR TOWN <b>JENNINGS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9354 HATHAWAY DR.</b>				e. STREET ADDRESS (If rural, give location) <b>9254 HATHAWAY DR.</b>			
3. NAME OF DECEASED a. (First) <b>CLARENCE</b>			b. (Middle) <b>E</b>		c. (Last) <b>DINGERSON</b>		4. DATE OF DEATH (Month) <b>JULY</b> (Day) <b>22</b> , (Year) <b>1956</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPTEMBER 7, 1897</b>		9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Electric Mfg.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Staunton, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>WM. H. DINGERSON</b>		13b. MOTHER'S MAIDEN NAME <b>CLARA VOLZ</b>		14. NAME OF HUSBAND OR WIFE <b>ETTA ALLEN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-01-6997</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EDGAR DINGERSON 9354 HATHAWAY DR. JENNINGS</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Atrophic Myocarditis</b>  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 Conditions contributing to the death but not related to the disease or condition causing death. <b>Intermittent nephritis</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <b>July 1, 1956</b> to <b>July 22, 1956</b> that I last saw the deceased alive on <b>July 1, 1956</b> and that death occurred at <b>11:30 p.m.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>Paul Vinogradov</b>				23b. ADDRESS <b>3718A Olive St. St. Louis Mo 7-2376</b>		23c. DATE SIGNED	
24a. REGISTRATION DATE <b>JULY 25, 1956</b>		24b. NAME OF CEMETERY OR CREMATORY <b>NEW BETHLEHEM CEMETERY</b>		24c. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MO.</b>			
DATE REC'D BY LOCAL REG. <b>7-23-56</b>		REGISTRAR'S SIGNATURE <b>Herbert P. Donohue MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERWIEDEN F.H. INC. 1936 ST. LOUIS AVE.</b>			

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

37180bur

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 Delis J. Krupin

Licensed Embalmer No. 3497

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.