

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-026558

FILED JUL 17 1959

STATE FILE NUMBER
Registration No. **6166**

S. 300

1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 12		c. CITY OR TOWN University City (30)	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp.		d. STREET ADDRESS 7729a Delmar Blvd.	
3. NAME OF DECEASED (Type or print) First THOMAS Middle EDWARD Last DINNING		4. DATE OF DEATH Month June Day 29 Year 1959	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 3, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Expediter		10b. KIND OF BUSINESS OR INDUSTRY Monsanto Chem Co. South Shields	11. BIRTHPLACE (City and state) Durham England
13a. FATHER'S NAME Thomas Edward Newton Dinning		13b. MOTHER'S MAIDEN NAME Cecilia Stobbart	14. NAME OF HUSBAND OR WIFE Esther G. Dinning
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2		16. SOCIAL SECURITY NO. 497-05-2538	17. INFORMANT Address Mrs. Thomas E. Dinning 7729a Delmar (30)
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Glomerular nephritis & Uremia. DUE TO (b) Hypertension & arteriosclerosis DUE TO (c) 593x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 wks. 10 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ 1954, to _____ 6/29/59 and last saw her alive on _____ 6/29/59 Death occurred at _____ am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles H. Duden M.D.		22b. ADDRESS 3720 Washington	22c. DATE SIGNED 6/29/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
Entombment	July 1, 1959	Valhalla Mausoleum	St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, Inc 6175 Delmar		25. DATE RECD. BY LOCAL REG. JUN 30 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

MEDICAL CERTIFICATION

1974

Dr. Duden
3720 Washington
JE 3 4511

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 *Joseph McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Edme*

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.