N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30605

Registration District No. 1008 — Primary Registration District No. — Registrar's No. 7668

SEP OCT 14 [redacted]791

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 7

(d) Street No. 5304 Emerson Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? 28 years.

3. (a) PRINT FULL NAME Henry Beintker 532

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) ~~Single, widowed, married, divorced~~ Married

6. (b) Name of husband or wife Gertrude Beintker

(c) Age of ~~husband or~~ wife if alive 42 years

7. Birth date of deceased December 23, 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	8	10	hr. min.

9. Birthplace Bad Sazuflen, (City, town, or county) Germany (State or foreign country)

10. Usual occupation Newspaper Route 6

11. Industry or business 1

FATHER
12. Name Peter Henry Beintker 6
13. Birthplace Bad Sazuflen, (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Henrietta Krutmeer
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Mrs H Beintker

(b) Address 5304 Emerson Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9 6, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd.

19. (a) SEP 5 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3, year 1939 hour 8:55 A.M. minute M.

21. I hereby certify that I attended the deceased from Sept 2, 1939, to Sept 3, 1939; that I last saw him alive on Sept 3, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gastric Hemorrhage	2 days
Due to Portal Cirrhosis	— ?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature John G. McInerney (M. D. or other) M.D.

Address 5014 Thekla Av Date signed 9/5/39

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. Jack H. Lukens

Licensed Embalmer No. 4110

P. O. Address 4024 Lindell, St. L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.