

WHILE I REMAIN USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

RECEIVED DEC 23 1930

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **37887**

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **9726**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 710 Carrie Ave
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community Birth

3. (a) PRINT FULL NAME Louis H. Indermark

3. (b) If veteran, name war None

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 Annie Indermark Nee Motz

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 8, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>10</u>	<u>5</u>	hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Car Carpenter

11. Industry or business Retired

12. Name Herman Indermark

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Fredericka Halwe
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Annie Indermark

(b) Address 710 Carrie Ave

17. (a) Burial (b) Date thereof 11-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) NOV 15 1939 (b) J. F. Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

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

(d) Street No. 710 Carrie Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1939 hour 7:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov 13 to Nov 13, 1939; that I last saw him alive on Nov 13 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operation None

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? _____

While at work _____ (Specify name of place) (e) Means of injury _____

23. Signature G. H. Wilson (M. D. another) _____
Address 4306 27th Ave Date signed 11-15-39

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.....

Henry Hampton

Licensed Embalmer No.....

9967

P. O. Address.....

St. Louis, Mo.

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