

S. No. 2
—11-10-39
v. 5-17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10910**
Registrar's No. **8**

Registration District No. **305**

Primary Registration District No. **4184**

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence Owensville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 20 yrs
years, months or days)

3. (a) PRINT FULL NAME Herman H. Hinter
(b) If veteran, name war _____
(c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Ida Hinter 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased October 31 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Baker

11. Industry or business Baking

12. Name Gustave Hinter
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Ida H. H. H.
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Gus. Hinter
(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof Oct. 20-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem. St. James, Mo.

18. (a) Signature of funeral director J. J. Meyer & Murray
(b) Address Owensville, Mo.

19. (a) 3-19-1940 (b) St. J. B. B. B.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Owensville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 48 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1940 hour 4 minute 20 p. M.
21. I hereby certify that I attended the deceased from 3-16-40
to 3-18-40
that I last saw him alive on 3-18-40
and that death occurred on the date and hour stated above.

Immediate cause of death Ascleur
tuberculosis causing
coronary failure
Due to Hypertension

Due to Arteriosclerosis

Other conditions Bilateral Scrotal
(Include pregnancy within 3 months of death) Hernia

Major findings:
Of operations _____
Of autopsy 127

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? 929

(Specify type of place)
While at work _____ (e) Means of injury _____
23. Signature Paul A. Brennan (M. D. or other) MD
Address Owensville, Mo. Date signed 3-19-40

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

37
4
0

MOTHER FATHER

FEB 1 1944

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.....

Chester Sassenmann

Registered Apprentice No. *216*

working under my personal supervision.

Signed.....

Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *Owensville, 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.