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13-40  
17-39  
X23159

**MAY 25 1941** 791  
Registration District No. \_\_\_\_\_

1003  
Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Anthony Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 Days  
(Specify whether \_\_\_\_\_)  
In this community 65 years  
(years, months or days)

3. (a) PRINT FULL NAME MRS. LOUISA PINHACK  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph Pinhack 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 7, 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Columbia, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Peter Diemer

13. Birthplace France 4  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Eberhardt

15. Birthplace Illinois 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Werner

(b) Address 3821 Pennsylvania Avenue

17. (a) Burial (b) Date thereof Feb. 5, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwiedem funeral home

(b) Address 1936 St. Louis Avenue

19. (a) Feb 4 1941 (b) J. H. Bradeck  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 24  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3821 Pennsylvania Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd  
year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 18, 1941, to Feb 2, 1941; that I last saw her alive on Feb 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 weeks

Due to Hypertension  
Circulatory Failure 2 days  
no definite heart disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations g3a  
Of autopsy g. 2 B

Duration \_\_\_\_\_  
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 type of place) (e) Means of injury \_\_\_\_\_

23. Signature Adam G. Youngman (M. D. or other) \_\_\_\_\_

Address 1239 G. Avenue Date signed Feb 10

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

Dr. Adam Younger  
5439 Baranov

1-3  
6-8

**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 \_\_\_\_\_

Licensed Embalmer No. 3737

P. O. Address 1936 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 this body is not embalmed, fact should be so stated above.**