

S. No. 2
4-13-40
5-17-39
K23150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5521

State File No.

1769

FILED MAR 25 1941 791
Registration District No.

Primary Registration District No.

Registrar's No.

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

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: 3805 W. PINE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

(c) City or town ST. LOUIS 199
(If outside city or town limits, write "RURAL")

(d) Street No. 3805 W. PINE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HILLIE C. STANDKE

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 21
year 1941 hour 3 minute A.M.

4. Sex FEMALE

5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

(b) Name of husband or wife PAUL H. STANDKE

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased MAY 8 - 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1939, to 2-20, 1941;
that I last saw him alive on 9-20, 1931;
and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 9 Days 11 If less than one day, _____ hr. _____ min.

Immediate cause of death: myocardial infarction

Due to coronary thrombosis

Due to coronary disease

Other conditions: _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name LOUIS VON ROR DORF

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

14. Maiden name MATHILDA

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

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant PAUL H. STANDKE

(b) Address 3805 W. PINE

17. (a) BURIAL (b) Date thereof 2/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIRAM CEM.

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? _____

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7116 MANCHESTER AV.

While at work? _____
(Specify type of place)

(e) Means of injury D

19. (a) FEB 25 1941 (b) J. H. Bredeh
(Date received local registrar) (Registrar's signature)

23. Signature Samuel Walker (M. D. or other) _____
Address 1117 1/2 Union Date signed 2-22-41

Dr. Phillips
7951 Harrison

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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: Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester

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.