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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12774

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3204

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 204 W. Steinst. 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lulu Hanstein

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 6 (Day) 1888 (Year)

8. AGE: Years 60 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William Kornfeld
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Caroline Lindner
15. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Raeph Hanstein
(b) Address 204 W. Stein st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14, 41 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director O. Hoffmeister & Co.
(b) Address 7814 S. Broadway

19. (a) APR 14 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11, year 1941 hour 8:12 minute A. M.

21. I hereby certify that I attended the deceased from April 8, 1941 to April 11, 1941 that I last saw her alive on April 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis — Duration 3 days

Due to Perforated Gall Bladder

Due to Cholelithiasis - & cholecystitis duodenal fistula

Other conditions Hydrocephalus
(Include pregnancy within 3 months of death)

Prolapsed uterus, rectocele

Major findings:
Of operations Generalized peritonitis

Of autopsy Perforated Gall Bladder & cholecysto-duodenal fistula, cholelithiasis

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 [illegible] (M.D. or other)
Address 2515 Lafayette Avenue. Date signed 4/11/41

(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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.