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FILED AUG 7 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25409

State File No. \_\_\_\_\_

Registration District No. 457

Primary Registration District No. 4971

Registrar's No. 148

1. PLACE OF DEATH:

(a) County LAFAYETTE

(b) City or town CONCORDIA MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 60 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE

(c) City or town CONCORDIA MO 054  
(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.? 0 years.

3. (a) PRINT FULL NAME ADELHEIT HINCIC

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

7. Birth date of deceased FEB 25 1846  
(Month) (Day) (Year)

8. AGE: Years 95 Months 4 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

10. Usual occupation HOME MAKER RETIRED

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

12. Name MARTIN SCHROEDER 4

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

14. Maiden name META SCHROEDER

15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS CAROLINE HINCIC

(b) Address CONCORDIA MO

17. (a) BURIAL (b) Date thereof JULY 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cem.

18. (a) Signature of funeral director James

(b) Address CONCORDIA MO

19. (a) 7-12-41 (b) Dorinda Shyman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 11 year 1941 hour 10 minute A M.

21. I hereby certify that I attended the deceased from June 1 1941, to July 11 1941; that I last saw him alive on July 11 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Arteriosclerosis

Due to ASC

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Dorinda Shyman (M. D. or other) M.D.  
Address Concordia Mo. Date signed 7-12-41

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

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RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 17-5-8

**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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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, fact should be so stated above.**