

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1005

State File No. **36713**  
**8943**

DEC 22 1941 54  
Registration District No. \_\_\_\_\_

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

Registrar's No. \_\_\_\_\_

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:  
De Paul Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Wellston, mo 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1417 Ogden Avenue 1417  
Ogden (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William C. Kintz

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Nil 9

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

7. Birth date of deceased September 10, 1935  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 1 26 hr. min.

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

10. Usual occupation Child

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

12. Name Ambrose Kintz

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

14. Maiden name Ida Gartner

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

16. (a) Informant Ambrose Kintz

(b) Address 1417 Ogden Avenue

17. (a) Burial (b) Date thereof 11/10/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John A. Genteman

(b) Address 5431 Thrush Street

19. (a) NOV 12 1941 (b) J. J. Buddeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6  
year 1941 hour 10 minute 50 P M.

21. I hereby certify that I attended the deceased from Oct. 18  
1941 to Nov. 6 1941  
that I last saw him alive on Nov. 6 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Perforative Appendicitis Nov. 3  
General Peritonitis Nov. 3

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

Major findings: Acute Perforative Appendicitis  
Of operations General Peritonitis  
Of autopsy \_\_\_\_\_

Duration

Nov. 3  
Nov. 3

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) Means of injury \_\_\_\_\_

23. Signature John G. M. Swiney (M. D. or other) MS  
Address 501 1/2 Shelby Ave Date signed 11/12/41

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

8943

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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..... *Gay W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

**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.**