

FILED APR. 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9128

State File No.

Registration District No. 791

Primary Registration District No.

1003

Registrar's No. 2884

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2316 Howard Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 70 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2316 Howard Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None 0

3. (a) PRINT FULL NAME Annie Rindeschwender

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color, or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased March 22 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 0 8 hr. min.

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

10. Usual occupation Housework

11. Industry or business at home

MOTHER FATHER
12. Name Henry Albers 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Helena Daman
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. A. Delinger

(b) Address 2316 Howard St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 1 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Brookland Bur. Co.

(b) Address 1827 Hogan St.

19. (a) MAR 31 1942 (Date received local registrar) (b) J. H. Grebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1942 hour 10 minute 55 AM.

21. I hereby certify that I attended the deceased from February 20 1942 to Mar. 29 1942
that I last saw her alive on Mar. 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease 2
Duration

Due to a) chronic myocarditis
b) arteriosclerosis
c) chronic nephritis
d) senility of
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/31
Of autopsy
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?.....

(Specify type of place) (e) Means of injury.....

23. Signature William H. Grundmann MD. (M. D. or other)
Address 2519 N. Jefferson Date signed 3/30/42

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

40
17
9

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.....

Guy W. Wilkins

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.