

FILED JUL 13 1942 791

State File No. 5699

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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: BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks (Specify whether years, months or days)
In this community 3 wks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 99
(c) City or town Memphis Rural 0 NR
(If outside city or town limits, write "RURAL")
Route 4
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Jane Evelyn Gintz

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Clifford Gintz 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 10 1908
(Month) (Day) (Year)

8. AGE: Years 34 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Unknown 0
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Janeson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Gintz
(b) Address Memphis 0 Mo

17. (a) Burial (b) Date thereof 7-3-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Mo

18. (a) Signature of funeral director Rainey Funeral Home
(b) Address Marshfield Mo

19. (a) Jul 3 1942 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1942 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 7, 1942 to July 1, 1942
that I last saw h. ar. alive on July 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor, malignant Duration
Organ undetermined

Due to 54

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations As above

Of autopsy As above

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 0

23. Signature F. R. Brubaker (M. D. of Missouri)
Address BARNES HOSPITAL Date signed 7/1/42

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

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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 John Ketter
Licensed Embalmer No. 3880
P. O. Address St Louis, 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.