

FILED AUG 6 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22823

State File No. ....

6243

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2919 Rutger  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
(Specify whether in this community, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2919 Rutger  
(If rural, give locality)  
 (e) Cause of foreign country? No Attending Physician (Yes or No)  
(If yes, name country)

3. (a) PRINT FULL NAME Minnie Dahlmann Hinz

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Otto Hinz 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January 18, 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 4 If less than one day  
 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Otto Hinz

(b) Address 2919 Rutger

17. (a) Burial (b) Date thereof 7/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) 9 2 1942 J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
 year 1942 hour 6.00 A.M. minute..... M.

21. I hereby certify that I attended the deceased from.....  
 19....., to....., 19.....

that I last saw him..... alive on....., 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... *Duration*

Coronary Occlusion  
Arterio Sclerosis

Due to.....

Due to.....

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

Major findings:  
 Of operations.....

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?

While at work..... (Specify type of place)  
 (e) Means of injury.....

23. Signature James P. Tinsimond (M. D. or other) 1

Address 1300 Clark Ave Date signed 7/23/42

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

MOTHER FATHER

844

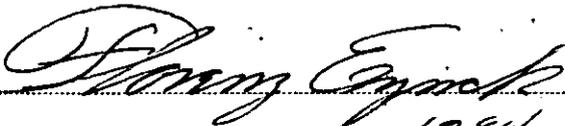
(Licensed Embalmer's Statement on Reverse Side)

**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..... 

Licensed Embalmer No. 1284

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.**