

FILED AUG 25 1942 791

Registration District No. Primary, Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3512 Bamberger/  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community, 50 years  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17/16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3512 Bamberger  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Millie Blinzinger

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

4. Sex female / 5. Color or race white  
6. (a) Single, widowed, married, 2 divorced widowed  
6. (b) Name of husband or wife Jacob 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Herman Kirsten  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Maria Raesner  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Anita Blinzinger  
(b) Address 3512 Bamberger

17. (a) Cremation (b) Date thereof 8/15/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director J. F. Bredich  
(b) Address 3634 Gravois Ave.

19. (a) AUG 14 1942 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13  
year 1942 hour 4:40 minute 2 M.

21. I hereby certify that I attended the deceased from 7/24/1934  
....., 19..... to Aug 13, 19.....  
that I last saw her alive on Aug 13,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart  
Duration 15 minutes

Due to HTA  
Due to

Other conditions Hypertension Diabetes mellitus 34 years +  
Chronic nephritis Myocarditis  
(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) (Means of injury)  
23. Signature J. W. Simpson (M. D. or other) M.D.  
Address 3739 Gravois Ave. Date signed 8/13/42

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

100  
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 Robert Wheeler  
2128  
Licensed Embalmer No.....  
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.**