S. No. 2
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FILED AUG 10 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25904

State File No.

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 131

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

92
0
0

1. PLACE OF DEATH:
(a) County ST. CHARLES
(b) City or town St Charles Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: EVANGELICAL EMMAUS HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 YEAR 5 MOS. 23 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. CHARLES 92 0 0
(c) City or town FORISTELL RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS. LOUISE HINNAH

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

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife AUGUST HINNAH
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOVEMBER (Month) 14 (Day) 1858 (Year)

8. AGE: Years 84 Months 8 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business
FATHER
12. Name GEORGE NABER
13. Birthplace (City, town, or county) UNITED STATES (State or foreign country)
MOTHER
14. Maiden name NOT KNOWN
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Theophil Stoerker
(b) Address ST. CHARLES, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 23 (Day) 1943 (Year)
(c) Place: burial or cremation Cappeln Cemetery Cappeln MO
18. (a) Signature of funeral director Norvas Muncahany
(b) Address Wentzville Mo
19. (a) 7-21-43 (Date received local registrar) (b) Ernst E. Paul (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st year 1943 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 10th, 1943, to July 21, 1943 that I last saw her alive on July 20th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Broken Compensation	1 wk
Due to Genera Arteriosclerosis	10 yr
Other conditions Cerebral Hemorrhage (Include pregnancy within 3 months of death)	4

Major findings: Of operations no
Of autopsy no

83a

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)
While at work? (e) Means of injury 0

23. Signature A P Erich Schuh (M. D. or other) MD
Address St Charles Mo Date signed 7/21/43

1340

(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 E. A. Keithly

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.