

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29190

SEP 3 1943 307  
Registration District No. 307

Primary Registration District No. 6049

Registrar's No.

## 1. PLACE OF DEATH:

(a) County St. Charles  
 (b) City or town Dutzow, Mo. Rural Femme Osage State Mo. (b) County St. Charles  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community all his life (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME William Henry Hinnah

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased Feb. 16 1884  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
59 5 29 hr. min.9. Birthplace Dutzow Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name William Hinnah13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Katherine C. Stieglmeier15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant Henry Hinnah(b) Address Anglers Mo17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Femme Osage, Mo.18. (a) Signature of funeral director Fred W. Leichter(b) Address Marionville Mo19. (a) 8/16/43 (b) Calvin Coley W. S.  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. 2 1/2 miles northeast of Dutzow  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14  
year 1943 hour 11 minute 00 A. M.21. I hereby certify that I attended the deceased from  
Coroner Inquest  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.Immediate cause of death StrangulationDue to suicide

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy Strangulation

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide(b) Date of occurrence Aug 14 1943(c) Where did injury occur? Dutzow St. Charles Co. Mo.  
(City) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place in public place?  
on farm in residenceWhile at work? yes (Specify type of place) (e) Means of injury hanging23. Signature A. P. Birch, Deputy (M. D. or other) \_\_\_\_\_Address St. Charles Mo. Date signed 8/15/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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 *Fred W. Lichteuberg*

Licensed Embalmer No. 1321

P. O. Address Marthasville, 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.