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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 15 1943
Registration District No. 5-3-2

Primary Registration District No. 6076

Registrar's No. 2003

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural - Gravois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Millers Nursing Home 8149 Gravois
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. 8149 Gravois Ave. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Reenstina Linders

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 Div.

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

7. Birth date of deceased July 2nd, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	2	3	hr. _____ min.

9. Birthplace Europe (City, town, or county) (State or foreign country) 4

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER { 12. Name Coob Kretzmer

13. Birthplace Europe (City, town, or county) (State or foreign country) 4

14. Maiden name Not known

15. Birthplace Not known (City, town, or county) (State or foreign country) 9

16. (a) Informant Melvin Linders

(b) Address 4846 Cupples Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/43 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director John S. Ziegenhauer

(b) Address 7027 Gravois Ave.

19. (a) SEP 7 - 1943 (Date received local registrar) (b) E. D. Mc Gurran (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th year 1943 hour 9:05 minute A M.

21. I hereby certify that I attended the deceased from December 1942, to Sept. 5 1943
that I last saw her alive on Sept. 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation

Due to arteriosclerosis & senility.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____ gyl
Of autopsy _____

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 E. D. Mc Gurran (M. D. or other) 25
Address 5817 S. Central Date signed 9-6-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....

V. E. Morris

Licensed Embalmer No.....

3360

P. O. Address.....

605 Boenecke

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.