

FILED NOV 18 1943

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9787**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Johns Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **0** (Specify whether)
 In this community **0** years, months or days

3. (a) PRINT FULL NAME **William H. Vins**
 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 **Married**
 6. (b) Name of husband or wife **Marie & Louise** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **January 30 1873**
 (Month) (Day) (Year)

8. AGE: Years **70** Months **9** Days **8** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Fur Dept.**
 11. Industry or business **Stix, Baer & Fuller Co.**

MOTHER FATHER {
 12. Name **Unknown**
 13. Birthplace **Unknown** 9
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** 9
 (City, town, or county) (State or foreign country)

16. (a) Informant **Marie Louise Vins**
 (b) Address **7907 A S. Broadway**

17. (a) **Burial** (b) Date thereof **Nov. 10, 1943**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **New SS Peter & Paul Cem**

18. (a) Signature of funeral director **C. Hoffmeister U.A.L.Co**
 (b) Address **7814 S. Broadway**

19. (a) **NOV 8 1943** (b) **J. F. Budeak**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County _____
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **7907 A. S. Broadway**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **8th**
 year **1943** hour **3** minute **0** M.
 21. I hereby certify that I attended the deceased from **Oct. 8th**
1943 to **Nov. 8th 1943**
 that I last saw him alive on **Nov 8, 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronch pneumonia** Duration **2 wks**
 Due to _____
 Due to _____
 Other conditions **Hypertension & Stroke**
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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 **Chorwiler** (M. D. or other)
 Address **609 Humboldt Bldg.** Date signed **11-8-43**

Dr. Grayson Carroll
Humboldt Bldg. 10-101
4 to 5.30 NE 0202
539 N. Grand ave.

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 *Louis C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broadway*.....

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.