S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3, 1944

Registration District No. 1313

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40446

Registrar's No. 11664

1. PLACE OF DEATH: St. John Hospital
(a) County St. Louis Mo
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ø
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days. (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County 17
(c) City or town St. Louis, 99
(If outside city or town limits, write "RURAL")
(d) Street No. 4029 W. Florassant, Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Ø

3. (a) PRINT FULL NAME Laura Rinker

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 Albert

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

7. Birth date of deceased Dec. (Month) 17 (Day) 1876 (Year)

8. AGE: Years 67 Months 0 Days 6 If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Joseph Engomar
13. Birthplace Pa. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Davis (State or foreign country)

16. (a) Informant 4029 W. Florassant.
(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Joliet ~~Ottawa~~ Ill

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Ave.

19. (a) DEC 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd
year 1943 hour 2 minute 4 A. M.

21. I hereby certify that I attended the deceased from Dec 18, 1943, to Dec 23, 1943, that I last saw him alive on Dec 22nd, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (Cerebral Hemorrhage) — Duration 5 Days,
Due to Lacunar Infarcts
Hypertension,
Due to
Other conditions None
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. L. Bond (M. D. or other)
Address 4901 Delmar Date signed 12/23/43

(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 Francis P. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis

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.