

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4090**

318
FILED MAY 15 1944

Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3936 Louisiana
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 62 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Christine Kinderman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased Jan. 8 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name John Marienthal

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

14. Maiden name Theresa Buschmeyer

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Jean Okel

(b) Address 3936 Louisiana

17. (a) burial (b) Date thereof 5-3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Merger

19. (a) MAY 2 1944 J. F. Bredeh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3936 Louisiana 16
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2/1/44 19____ to 4/29 1944
that I last saw her alive on 4/29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Cardio-Renal Disease

Due to _____ 6 months

Due to Arterio-sclerosis

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations 1/3/1

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? _____

While at work? _____ (Specify type of place) _____
(a) Means of injury _____

23. Signature J. F. Bredeh Okel
(M. D. or other)

Address 3936 Louisiana Date signed 5/2/1944

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W. E. Morris

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.