

FILED JUN 24 1944

Registration District No. 317

Primary Registration District No. 6076

State File No. \_\_\_\_\_

Registrar's No. 44-26

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Route 6 Sappington Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 6 Sappington Mo  
(If not in hospital or institution, write street number or location) /  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St. Louis 96  
(c) City or town Sappington Mo  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Route 6  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Rosena Gerdes Hinters  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Feb 18 1874  
(Month) (Day) (Year)

8. AGE: Years: 70 Months: 3 Days: 28 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Richmond Ind  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework  
11. Industry or business: at Home

MOTHER FATHER { 12. Name: Joseph Betz  
13. Birthplace: Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name: Caroline Febel  
15. Birthplace: Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Caroline Pinkers  
(b) Address: Route 6 Sappington Mo

17. (a) Burial (b) Date thereof: 6 19 44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Old St. Peter Paul

18. (a) Signature of funeral director: Kriegshauser Und Co  
(b) Address: 4228 So. Kingshighway

19. (a) JUN 20 1944 (b) E. D. Mc Garrison  
(Date received local registrar) (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16  
year 1944 hour 9.30 PM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from June 16, 1944,  
that I last saw her alive on June 16, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis ?  
Due to: 93d  
Due to: \_\_\_\_\_  
Other condition: Chronic Interstitial ?  
(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 \_\_\_\_\_  
Signature: Ray J. Schubert (M. D. or other) 0  
Address: 4247 W. Grand Blvd Date signed: 6/17/44

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

4247 St. Bernard  
1-4

**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..... *Edwin D. McQueen*

Licensed Embalmer No..... *3024*

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.**