S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7498

Registration District No. 3118 Primary Registration District No. 1003 Registrar's No. 2549

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: 4237 So. Spring Ave.
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4237 So. Spring Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jennie M. Beinke

3. (b) If veteran, name war -

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ernst

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan. (Month) 9 (Day) 1876 (Year)

8. AGE: Years 69 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER

12. Name Henry Alt

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

14. Maiden name Unknown

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

16. (a) Informant Ernst Beinke

(b) Address 4237 S. Spring Ave.

17. (a) (Burial, cremation, or removal) (b) Date thereof Mar. 20, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation St Paul's Church Yard

18. (a) Signature of funeral director Walker-Heldorle

(b) Address 3634 Gravois Ave.

19. (a) MAR 20 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 17 year 1945 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from January 26, 1943 to March 16, 1945; that I last saw her alive on March 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic parenchymatous nephritis	2yrs
Due to	
Due to	
Chronic endocarditis	3 years
Other conditions: Arteriosclerosis	2 years

(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 J. W. Macdonald (M. D. or other)
Address 5759 N. Grand Date signed 3-17-45

(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 Frank J. Thyland

Licensed Embalmer No. 2645

P. O. Address Sr Lorenzo

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.