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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29093

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8179

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: 2817 Salena St. 1
(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 666

(c) City or town St. Louis 17 ...
(If outside city or town limits, write "RURAL")

(d) Street No. 2817 Salena St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louise Hintermayr

3. (b) If veteran, name war no

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 John Hintermayr

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan. 2 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	8	16	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jonathon Finkbeiner
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant John Hintermayr
(b) Address 2817 Salena St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-45 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Bur. Pk.

18. (a) Signature of funeral director Witt Bros. L & W Co.
(b) Address 2929 S. Jefferson Av.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1945 hour 10 minute 45 p. M.

21. I hereby certify that I attended the deceased from July 10 1945 to Sept 10 1945
that I last saw her alive on Sept 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	17 weeks
Due to Diabetes Mellitus	2 years
Due to Arterio-Sclerosis	2

Other conditions
(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 Julius Chas Fotter (M. D. or other) M.D.

Address 2603 Cherokee St. Date signed 9-19-45

(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 Prokopf

Licensed Embalmer No. 4356

P. O. Address St. Louis, Mo.

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.