

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2404

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell
(c) City or town Hamilton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louise Kinzler
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 Married
6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 31 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 12
year 1946 hour 6 minute 13 A. M.
21. I hereby certify that I attended the deceased from March 5th, 1946 to March 12th, 1946.
that I last saw him alive on March 11th, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 7 Days 11 If less than one day _____ hr. _____ min.
9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Unknown
12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Rev. Albert Kinzler
(b) Address Hamilton, Mo.
17. (a) Burial (b) Date thereof 3/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem. - Bay Mo.
18. (a) Signature of funeral director Walter White
(b) Address 3634 Gravois Ave
19. (a) MAR 12 1946 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

Immediate cause of death Carcinoma of cervix with metastases
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Carcinoma of cervix with metastases
Of operations _____
Of autopsy _____
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) (c) Means of injury _____
23. Signature O.E. Stindel (M. D. or other) M.D.
Address 3617 Gravel Sq. Date signed 3/12/46
Stindel

Duration
1 year
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10233

APR 26 1946

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. Hyland

Licensed Embalmer No.....

2675

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.