

FILED **RAY** 9 1946
Registration District No. 112

Primary Registration District No. 54-9

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Rural Lyon
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 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 2 months
 years, months or days)

3. (a) PRINCE FULL NAME Fred M. Hinrichs
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Emma Hinrichs
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased July 21 1890
 (Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 0
 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business _____

MOTHER FATHER
 12. Name Fred Hinrichs
 13. Birthplace St Louis Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name St Louis Mo
 (City, town, or county) (State or foreign country)
 15. Birthplace St Louis Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Emma Hinrichs
 (b) Address Leslie Mo

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

(c) Place: burial or cremation New St Mercade

18. (a) Signature of funeral director Frank Kell

(b) Address 7400 Michigan

19. (a) 4-21-46 (b) F. J. Matheis
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 - day 21 Apr
 year 1946 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 4-21 1946 to 4-21 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary hemorrhage
 Due to Chronic Pulmonary condition probably
 Due to Broken collar

Duration
<u>1 hr.</u>
<u>2 hrs</u>

Other conditions (Include pregnancy within 3 months of death) 13h

Major findings:
 Of operations No operation
 Of autopsy No Autopsy

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

22. If death was due to external causes, fill in the following:
 (c) 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 _____

23. Signature F. J. Matheis (M.D. or other) _____
 Address Beaufort Mo Date signed 4-22-46

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-8-46

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 Oliver E. Fendler
Licensed Embalmer No. 4148
P. O. Address St. Louis 7 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.