FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1991

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 29129

Registrar's No. 7780

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

Street No. 3029 California Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME STELLA HINZE

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 widowed

6. (b) Name of husband or wife Fred J. Hinze

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

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

8. AGE	Years	Months	Days	If less than one day
73	73	10	7	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER 12. Name Schaffner

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

MOTHER 14. Maiden name Lucretia Herzog

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

16. (a) Informant Mrs. Minnie Cross

(b) Address 8020 Winwood Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/1947 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Wm. Biss & Co.

(b) Address 2929 S. Jefferson Ave.

19. (a) AUG 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14th year 1947 hour 5:10 minute A. M.

21. I hereby certify that I attended the deceased from 6/2/47, 19..., to Aug. 14th, 19 47, that I last saw her alive on Aug. 14th, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Drowning due to unknown cause	21 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senile psychosis	

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause of 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 C. L. Boyd (M. D. or other)

Address 1515 Lafayette Date signed 8/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....Harold C. Witt.....

Licensed Embalmer No.....4353.....

P. O. Address.....2929 S. Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.