S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6580

FILED FEB 20 1948

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 1435

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

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: Marian Hospital
(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 St Louis 96

(c) City or town ~~St. Louis~~ Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7456 Cromwell Ave. 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William E. Kindorf

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Dora M. Kindorf

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

7. Birth date of deceased August (Month) 30 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	5	10	hr. min.

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

10. Usual occupation Cigar maker

11. Industry or business

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

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

16. (a) Informant George Kindorf
(b) Address Houstan, Texas

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/12/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

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

19. (a) FEB 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1948 hour 11 minute 00 A.M. M.

21. I hereby certify that I attended the deceased from Jan 20, 1948 to Feb 10, 1948
that I last saw him alive on Feb 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis

Due to Chr. myocarditis

Due to Angina Pectoris

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9/2

Of autopsy

Duration

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 (Means of home)

23. Signature Otto C. Hanser M.D. (M.D. or other)

Address 3012 Lafayette Date signed 2/11/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Ntry

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson av

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.