S. No. 2
I—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10078

State File No. 2477

FILED MAR 23 1948

Registration District No. 3

Primary Registration District No. 1003

Registrar's No.

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: The St. Louis Altenheim 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5408 So. Broadway 9
(If rural, give location)
(e) Citizen of foreign country? 15 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mina Creutz
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 22 (Day) 1873 (Year)

8. AGE: Years 74 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business

FATHER
12. Name UnKnown
13. Birthplace UnKnown (City, town, or county) (State or foreign country)

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

16. (a) Informant John W. Hoerr
(b) Address 5408 S. Broadway
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan
19. (a) MAR 22 1948 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1948 hour 10:30 minute A. M.
21. I hereby certify that I attended the deceased from Apl 25, 1939, to March 11, 1948, that I last saw her alive on March 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia Thrombosis	3 days
Due to: Chr Myocarditis	9 yrs
Due to: arterio sclerosis	?
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations: None	
Of autopsy: None	

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 Mary Sindlaff (M. D. or other) MD
Address 512 Dunn Rd Date signed 3/11/48

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 2906

P. O. Address 128 Michigan

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.