

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18269

State File No.

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 4244 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (in this place) 55 Yrs | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 2139 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4954 Magnolia Avenue | | | | d. STREET ADDRESS (If rural, give location) 4954 Magnolia Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Anna | | b. (Middle) Marie | | c. (Last) Hinton | | 4. DATE OF DEATH (Month) (Day) (Year) May 11, 1950 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Feb. 3, 1863 | |
| 9. AGE (In years last birthday) 87 | | IF UNDER 1 YEAR Months | | IF UNDER 4 HRS. Hours | | Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY - | | 11. BIRTHPLACE (State or foreign country) Milstadt, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Carl Jung | | 13b. MOTHER'S MAIDEN NAME Wilhelmina Nolte | | 14. NAME OF HUSBAND OR WIFE Henry Hinton | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. - | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Beyer, 4954 Magnolia Avenue | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc.: It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility Dangerous ulcer | | INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 7 foot following fracture | | | | | | | |
| DUE TO (c) Chronic myocarditis | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 4222 | | (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Jan 1948 to May 1950 , that I last saw the deceased alive on May 10, 1950 , and that death occurred at 5:25 A.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE R. Beyer (Degree or title) | | | | 23b. ADDRESS 3205 Grand Street | | 23c. DATE SIGNED 5-11-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 15, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REG. MAY 11 1950 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1936, St. Louis Ave. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Ralph Berg,
3203 South Grand

11:30 - 2:30 P.M.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student: _____
Student Embalmer

Signed _____

Max L. Warfel

Licensed Embalmer No. _____

4170

P. O. Address _____

1936 St Louis Ave

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.