

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28290

#114126

318

1003

7464

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MISSOURI</i> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>		c. LENGTH OF STAY (in this place) <i>16 Days</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		<i>210.9</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1.</i>				d. STREET ADDRESS (If rural, give location) <i>3920 PENROSE STREET</i>				
3. NAME OF DECEASED (Type or Print)		a. (First) <i>DINA</i>		b. (Middle) <i>HINSENBROCK</i>		c. (Last)		
4. DATE OF DEATH		(Month) <i>August</i>		(Day) <i>31,</i>		(Year) <i>1950</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>DECEMBER 3, 1885</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>		11. BIRTHPLACE (State or foreign country) <i>ST. LOUIS, MISSOURI</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13a. FATHER'S NAME <i>GERHARD SCHULTE</i>		13b. MOTHER'S MAIDEN NAME <i>ELIZABETH FELKER</i>		14. NAME OF HUSBAND OR WIFE <i>FRANK X. HINSENBROCK</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>FRANK X. HINSENBROCK, 3920 PENROSE ST.</i>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis, heart disease with congestive failure</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cerebral thrombosis and embolus in left femoral artery</i>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>HEAD</i>				
22. I hereby certify that I attended the deceased from <i>8/15/50</i> to <i>8/31/50</i> , that I last saw the deceased alive on <i>8/31/50</i> , 19 <i>50</i> , and that death occurred at <i>11:25am</i> , from the causes and on the date stated above.								
23a. SIGNATURE <i>J. Beadew m.d.</i>				23b. ADDRESS <i>1515 Lafayette Ave.,</i>		23c. DATE SIGNED <i>8/31/50</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL (1)</i>		24b. DATE <i>SEPTEMBER 2, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEMETERY</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, MISSOURI</i>		
DATE REC'D BY LOCAL REG. <i>SEP 1 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Barster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W.A. STOCK, 217 EAST GRAND BLVD.</i>				

(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Frank A. Moore*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.