

FILED JUN 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23230**

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **4469** Registrar's No. **30**

951
1

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

1. PLACE OF DEATH a. COUNTY STE Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY STE Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STE Genevieve		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STE Genevieve 0951	
c. LENGTH OF STAY (In this place) 55 yrs		d. STREET ADDRESS (If rural, give location) 199 So. 4th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 199 So. 4th			

3. NAME OF DECEASED (Type or Print)	a. (First) Anton	b. (Middle) Joseph	c. (Last) Hinni	4. DATE OF DEATH (Month) (Day) (Year) June 16-1952
-------------------------------------	-------------------------	---------------------------	------------------------	-----------------------------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Aug. 28, 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 9 Days 18	IF UNDER 1 HOUR Hours 18 Min.
--------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-------------------------------------------	------------------------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repair	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Luzern, Switzerland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
----------------------------------------------------------------------------------------------------------------	-----------------------------------	----------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME Anton Hinni	13b. MOTHER'S MAIDEN NAME Katherine Kneubuehler	14. NAME OF HUSBAND OR WIFE deceased CAROLINE SCHWEIGERS
---------------------------------------	--------------------------------------------------------	-----------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME C. J. Hinni	ADDRESS Perryville
--------------------------------------------------------------------------------------------------------------------	-------------------------------------	------------------------------------------------------	---------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Sclerosis		10 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		15 yrs
DUE TO (c)			
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 checked="" 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) (Min.)	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 _____, 1930, to **JUNE 16, 1952**, that I last saw the deceased alive on **JUNE 16, 1952**, and that death occurred at **7:16 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Anton Hinni (Degree or title) M.D.	23b. ADDRESS 5K. Genevieve Mo	23c. DATE SIGNED 6-18-52
-----------------------------------------------------------------	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/19/52	24c. NAME OF CEMETERY OR CREMATORY Valley Springs Cem.	24d. LOCATION (City, town, or county) (State) STE Genevieve Mo.
---------------------------------------------------------	--------------------------	---------------------------------------------------------------	------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 6-19-52	REGISTRAR'S SIGNATURE Neresa M. Kad...	25. FUNERAL DIRECTOR'S SIGNATURE Bashe Funeral Home Ste Genevieve Mo	ADDRESS
-----------------------------------------	-----------------------------------------------	-----------------------------------------------------------------------------	---------

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.....

Adrian J. Ehler

Signed.....

Student Embalmer

Licensed Embalmer No. *4740*

P. O. Address *St. Genevieve, Mo.*

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.