No. 300
10.48

REC JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26639

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1879

1. PLACE OF DEATH
a. COUNTY ST. LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Heights ~~ST. LOUIS~~ Mo
c. LENGTH OF STAY (in this place) 14 days 24
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY 22 49
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 1
d. STREET ADDRESS (If rural, give location) 2817 SALENA

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) - c. (Last) HINTERMAYR

4. DATE OF DEATH (Month) (Day) (Year) JULY 9 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Nov. 13 1872
9. AGE (In years last birthday) 79 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED
11. BIRTHPLACE (City and State or Foreign Country) GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN HINTERMAYR
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF ~~HUSBAND OR~~ WIFE LENA HINTERMAYR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME LENA HINTERMAYR ADDRESS 2817 SALENA

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) arteriosclerotic heart disease — 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) kyphoscoliosis.
DUE TO (c) lungin faret (rt. L. lobe)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* advanced arteriosclerosis with peripheral art. insufficiency

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION carcinoma of coecum, arteriosclerosis of mesocolic vessels
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 465X

22. *I hereby certify that I attended the deceased from* June, 1951, *to* July 8, 1952, *that I last saw the deceased alive on* July 8th, 1952, *and that death occurred at* 12:50 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dr. Hermann Maas M.D.
23b. ADDRESS 508 No. Grand Ave
23c. DATE SIGNED

24a. BURIAL ~~CREMATION, REMOVAL~~
24b. DATE JULY 11 1952
24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY Mo

DATE REC'D BY LOCAL REG. 7-9-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Gravois

S W (Licensed Embalmer's Statement on Reverse Side)

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

508 N. Grand
Ne 9639
2 to 4 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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, 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.