

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40300

State File No. 10366

No. 300
10.48

FILED DEC 5 1952

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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 Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay	
c. LENGTH OF STAY (in this place) 2 Mo.		d. STREET ADDRESS (If rural, give location) 4870 142 E. Cartwright	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp.			
3. NAME OF DECEASED a. (First) Emil		b. (Middle) Hinderholtz	
c. (Last) Hinderholtz		4. DATE OF DEATH (Month) (Day) (Year) Nov. 8 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 1 1904
9. AGE (In years last birthday) 48		10. KIND OF BUSINESS OR INDUSTRY Beer Bottler	11. BIRTHPLACE (City and State or Foreign Country) Alcace Lorraine
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Aldolph Hinderholtz		13b. MOTHER'S MAIDEN NAME Eugenia Bollecker	
14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. E. Hinderholz		ADDRESS 142 E. Cartwright	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas 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.	
19a. DATE OF OPERATION 8-6-52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of body of Pancreas with metastasis	
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) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2:50 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 157X			
22. I hereby certify that I attended the deceased from 7-2, 1952, to 11-8, 1952 that I last saw the deceased alive on 11-8, 1952, and that death occurred at 6:20 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Richard S. Knudsen M.D.		23b. ADDRESS 6006 Virginia	
23c. DATE SIGNED 11-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-12-1952	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) Lemay St. Louis Co. Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 12 1952 Jos. P. Fendler Jr.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 7128 Michigan	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Clarence Kochow

Licensed Embalmer No. 3093

P. O. Address 7128 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.