

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1883

BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2109					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4462 Elmbank Ave			d. STREET ADDRESS (If rural, give location) 10 4462 Elmbank Ave.			0						
3. NAME OF DECEASED (Type or Print) Fred			a. (First)		b. (Middle) William		c. (Last) Hinderman		4. DATE OF DEATH (Month) (Day) (Year) 2 17 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/20/1870		9. AGE (In years last birthday) 82	10. UNDER 1 YEAR 4	11. YEAR 7	12. UNDER 15 HOURS 7	13. UNDER 15 MIN. 7	14. UNDER 15 MIN. 7		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steward			10b. KIND OF BUSINESS OR INDUSTRY Hotel Jefferson		11. BIRTHPLACE (State or foreign country) Bielfeldt Germany			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME ? Hinderman			13b. MOTHER'S MAIDEN NAME Charlotte			14. NAME OF HUSBAND OR WIFE ? Emma Grauer						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No			16. SOCIAL SECURITY NO. 492-16-9034		17. INFORMANT'S SIGNATURE OR NAME Mrs Helen Shoultz						ADDRESS 4462 Elmbank Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon/hepatic flexure						INTERVAL BETWEEN ONSET AND DEATH Several months			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			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. Arteriosclerosis									Several years			
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 153-X							
22. I hereby certify that I attended the deceased from 1-8, 1952, to 2/17/53, 19__, that I last saw the deceased alive on 2/17/53, 19__, and that death occurred at 4:25 Am., from the causes and on the date stated above.												
23a. SIGNATURE John J. Fritz				(Degree or title) M.D.		23b. ADDRESS 4703 Carter Ave.			23c. DATE SIGNED 2/18/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/19/53		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri						
DATE REC'D BY LOCAL REG. FEB 17 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary 6633 Clayton Road						

(Licensed Embalmer's Statement on Reverse Side)

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

FILED MAR 11 1953

**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

*Ernest W. Spillers*

Licensed Embalmer No. *4080*

P. O. Address \_\_\_\_\_

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.