Health, Welfare Public Service

300
1-57 C

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005057
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Washington — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Francis Hospital — Length of stay in 1b: 16days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Charles
c. CITY OR TOWN: Rural 0 9 2 C — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 4 miles West Augusta — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Marie Middle: Caroline Last: Hinnah
4. DATE OF DEATH: Month February Day 21 Year 1959
5. SEX: Feamle
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 3, 1889
9. AGE (In years last birthday): 69 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Augusta, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Henry Schroeder
13b. MOTHER'S MAIDEN NAME: Augusta Sehrt
14. NAME OF HUSBAND OR WIFE: Gottfried Hinnah
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.: 490-40-3405
17. INFORMANT: Mrs. C. H. Berg, Address: Marthasville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) multiple Emboli — 2 weeks
DUE TO (c) Rheumatic Heart Disease Thrombo phlebitis both legs. 1901 & 1922.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 416X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] C

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1930 to Feb 21-59 and last saw her alive on Feb 21 1959
Death occurred at ST. FRANCIS HOSPITAL 10:22 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Marthasville Mo
22c. DATE SIGNED: 2-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/24/59
23c. NAME OF CEMETERY OR CREMATORY: Augusta Cemetery
23d. LOCATION (City, town, or county) (State): Augusta, Missouri

24. FUNERAL DIRECTOR: [signature]
ADDRESS: Marthasville, Mo.
25. DATE REC'D. BY LOCAL REG.: 2/24/59
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....
Signature of Student Embalmer

Signed Delmont C. Luchtenberg

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.