

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. _____

Registrar's No. 5355

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|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. 5355 | |
| 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) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2249 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers | | | | d. STREET ADDRESS (If rural, give location) 3434 Indiana Ave | | | |
| 3. NAME OF DECEASED (Type or Print) William | | a. (First) | | b. (Middle) Hinze | | c. (Last) | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 7-22-1876 | |
| 9. AGE (in years last birthday) 74 | | 10. UNDER 1 YEAR Months _____ Days _____ | | 11. UNDER 1 YEAR Months _____ Days _____ | | 12. UNDER 1 YEAR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | | | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | | |
| 11. BIRTHPLACE (State or foreign country) Missouri | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME William Hinze | | | | 13b. MOTHER'S MAIDEN NAME Augusta Konrad | | | |
| 14. NAME OF HUSBAND OR WIFE Anna Hinze | | | | 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. _____ | | | | 17. INFORMANT'S SIGNATURE OR NAME Adolph Hinze | | | |
| 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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 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 _____ | | | | 19b. MAJOR FINDINGS OF OPERATION none | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | 21. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | | |
| 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | | | 21b. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| 21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | | | 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 21e. HOW DID INJURY OCCUR? 4201 | | | | 22. I hereby certify that I attended the deceased from 5/22 , 19 51 , to 6/1 , 19 51 , that I last saw the deceased alive on 6/1/51 , 19 51 , and that death occurred at 3:00 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE J. B. Sweskosky | | | | 23b. ADDRESS 2528 S. Jefferson | | | |
| 23c. DATE SIGNED 6-13-1951 | | | | 24. NAME OF CEMETERY OR CREMATORY St. Peter and Paul's | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | | 24b. DATE 6-13-1951 | | | |
| 24c. NAME OF CEMETERY OR CREMATORY St. Peter and Paul's | | | | 24d. LOCATION (City, town, or county) (State) 7030 Gravois Ave Mo | | | |
| DATE REC'D BY LOCAL REG. JUN 12 1951 | | | | REGISTRAR'S SIGNATURE J. B. Sweskosky | | | |
| FUNERAL DIRECTOR'S SIGNATURE Ziegenfuss | | | | ADDRESS 6409 Gravois Ave | | | |

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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4343

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.