

1-1940  
No. 2  
11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3688

Registration District No. 284

Primary Registration District No. 101

Registrar's No. 224

FILED FEB 7 1940

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 days  
(Specify whether years, months or days) 2 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Jennings  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1930 Switzer  
(If rural (give location))  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME WILLIAM NINKER 526  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-14-4156

20. DATE OF DEATH: Month Feb. day 1 year 1940 hour 2 minute 45 M.

21. I hereby certify that I attended the deceased from Jan. 13, 1940, to Feb. 1, 1940; that I last saw him alive on Jan. 31, 1940; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased March 26 1864  
(Month) (Day) (Year)

Immediate cause of death Myocardial Heart disease Duration 4 yrs.

8. AGE: Years 75 Months 10 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Pericardium 4 wks.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation Grinder

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business MALLEABLE IRON Co.  
12. Name Fred Ninker  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie Statman  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

Major findings: Of operations 93c  
Of autopsy \_\_\_\_\_

16. (a) Informant Mr. W. Ninker  
(b) Address 1930 Switzer  
17. (a) BURIAL (b) Date thereof FEB. 3 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Bethlehem

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director W. Meyer  
(b) Address 1936 St. Louis Ave.  
19. (a) FEB 1 - 1940 (b) W. Meyer  
(Date received local registrar) (Registrar's signature)

23. Signature M. D. Thompson (M. D. or other) 4-4  
Address St. Louis County Hospital Date signed 2-1-40

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2737

P. O. Address 1936 St. Louis Ave

**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, above space should be left blank.