

S. No. 2  
-11-1939  
5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13190

MAY 15 1940

State File No. \_\_\_\_\_  
Registrar's No. 3392

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 7431 TENNESSEE. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS. 1  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 7431 TENNESSEE.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MARIE FERREL 624

3. (b) If veteran, name war none 3. (c) Social Security No. 725.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLIAM. 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased NOV. 14 1891  
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST LOUIS MO. D  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE. 6

11. Industry or business HOME.

12. Name FRED HINRICHS 1

13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH HANS

15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant William Ferrel.

(b) Address: 7431 Tennessee.

17. (a) BURIAL. (b) Date thereof APR. 16 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. WITH ST TRINITY Cem.

18. (a) Signature of funeral director J. P. Smith Jr.

(b) Address 7128 Michigan

19. (a) APR 15 1940 (b) J. P. Smith Jr.  
(Date of official registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13<sup>th</sup>  
year 1940 hour 6:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from about  
4/11, 1938 to 4/13, 1940  
that I last saw her alive on 4/12, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

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

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

Other conditions none  
(Include pregnancy within 5 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

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 \_\_\_\_\_

23. Signature C. P. Hawthorn (M.D. or other)

Address 7219 Michigan Date signed 4/15/40

**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 *J. B. Fendler Jr*  
Licensed Embalmer No. *925*  
P. O. Address *St. Louis*

**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.**