V. S. No. 2
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Rev. 5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8999

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2409

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17
9

466

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 4900 Hall St.
(If not in hospital or institution, write street number or location)

(d) Length of stay in hospital or institution En Route City Hospital #1 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 179
(If outside city or town limits, write "RURAL")

(d) Street No. 4900 Hall St. 9
(If rural, give location)

(e) If foreign-born, how long in U. S. A.? No Attending Physician years

3. (a) PRINT FULL NAME Henry Schinstock

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Dora Schinstock

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 15 (Day) 1870 (Year)

8. AGE: Years 71 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Huckster

11. Industry or business

FATHER
12. Name Christian Schinstock
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Anna ?
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Christ Schinstock
(b) Address 2916 Barrett St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) MAR 17 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1941 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Interstitial Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death) 1316

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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature A. J. Perry DDS (M. D. or other)
Address Deputy Coroner Date signed 3/17/

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.