

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

ED AUG 23 1943 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
1512 Montgomery St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 58 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1512 Montgomery St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Miss Hulda Pinckert

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 16 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 6 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Henry Pinckert  
13. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Amelia Bickmeyer  
15. Birthplace Herman Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Pinckert  
(b) Address 8815 Shady Grove, Jennings, Mo

17. (a) Burial (b) Date thereof 8-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Hy. Leidner Und. Co.  
(b) Address 2223 St. Louis Ave.

19. (a) AUG 15 1943 (b) J. F. Bressler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th.  
year 1943 hour 12:15 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug. 3 1943 to Aug. 14 1943  
that I last saw her alive on Aug. 12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage (apoplexy)  
Duration 14 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 George Mueller (M. D. or other) \_\_\_\_\_  
Address 25104 N 14 Date signed Aug 15/43

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**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

*John P. Beckhalaz*

Licensed Embalmer No. *1674*

P. O. Address *2223 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, fact should be so stated above.**