

FILED JUL 21 1944  
 318

State File No. \_\_\_\_\_

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

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

Registrar's No. 6100

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 3311 A. Itaska  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 40 Years  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3311 A. Itaska  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Martin Tindorf

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elizabeth (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec. 12 1882  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 6 25 hr. min.

9. Birthplace Austria-Hungary  
 (City, town, or county) (State or foreign country)

10. Usual occupation Shoe Repairer

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

MOTHER FATHER { 12. Name Martin Tindorf Sr.  
 13. Birthplace Austria  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Austria  
 (City, town, or county) (State or foreign country)

16. (a) Informant Helen Tindorf  
 (b) Address 3311A. Itaska

17. (a) Burial (b) Date thereof 7-10-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director J. F. Meramec

(b) Address JUL 10 1944

19. (a) (Date received local registrar) (b) J. F. Meramec  
 (registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th.  
 year 1944 hour 5 minute 15 P. M.

21. I hereby certify that attended the deceased from Jan 3 1944 to July 7 1944  
 that I last saw him alive on July 7 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion - death not from indigestion

Due to Chronic myocarditis

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

Other conditions. (Include pregnancy within 3 months of death) gsk

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

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

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 0

23. Signature Frank St. Meyer (M. D. or other) \_\_\_\_\_

Address 4661 Virginia Ave Date signed 7/10/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 *Francis A. Williamson*

Licensed Embalmer No. *3565*

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.**