

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22494

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 701
1003
Primary Registration District No. 3133 Texas Ave

File No.
Registered No. 6656
St. Ward)

2. FULL NAME

(a) Residence. No. 3133 Texas Ave St. 24 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary nee Borchardt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13th 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 3 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Math Linzmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waterloo
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

14. INFORMANT Mary Linzmann
(Address) 3133 Texas Ave

15. FILED May 26 1928
1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23rd 1928

17. I HEREBY CERTIFY That I attended deceased from June 11, 1928 to June 23, 1928
that I last saw h. Alive on June 23, 1928 and that death occurred, on the date stated above, at 1:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131 (duration) 8 yrs. - mos. - ds.

CONTRIBUTORY Pneumonia
(SECONDARY) (duration) 2 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTACTED 1290
NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF No

19. WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) J. P. 1003, M. D.

June 25 1928 (Address) 2033 Lynch St
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St Marcus DATE OF BURIAL 6-26-1928

20. UNDERTAKER Witt Bros L & Co 2929 So. Jefferson
ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

