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

Do not use this space.

7818

1. PLACE OF DEATH
County: Ferguson — Registration District No. 784 — File No.
Township: N. Ferdinand — Primary Registration District No. 4468 — Registered No.
City: Ferguson (No. 143 N. Floussant Blvd. Ferguson St. Ward)

2. FULL NAME: Henry F. Lindemann
(a) Residence. No. 143 N. Floussant St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Louise Lindemann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 6th 1859

7. AGE: 70 YEARS — MONTHS: 1 — DAYS: 12 — If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

14. INFORMANT: Mrs Louise Lindemann
(Address) 143 N. Floussant Blvd.

15. FILED Feb 19th 1929. O. v. Schuster, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-18-1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1929 to Feb 18, 1929 that I last saw him alive on Feb 18, 1929 and that death occurred, on the date stated above, at 3 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Liver 46E

44B (duration) yrs. 6 mos. 18 ds.

CONTRIBUTORY (SECONDARY) ✓ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Roy Johnson, M.D.
2-19, 1929 (Address) Ferguson, Mo.

*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: St. Peters Cem. DATE OF BURIAL: 20 1929

20. UNDERTAKER: Hy. Leidner Und. ADDRESS: 1417 N. Market St.

MAR 27 1929

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.

THIS IS A PERMANENT RECORD

H. F. Lindeman
143 W Florence Ave