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

Do not use this space.

12658

File No. 31.92

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1002

City St Louis Mo. (No. Westminster Hosp. St. Ward)

2. FULL NAME Frank C. Lindner

(a) Residence. No. 2042 Bell (Jennings Mo.) St. 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27th 1898

7. AGE: Years 30 | Months 8. | Days 15. | If LESS than 1 day, hrs. or min.

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

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

PARENTS

10. NAME OF FATHER Christian Lindner

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

12. MAIDEN NAME OF MOTHER Rose Heilmann

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

14. INFORMANT Mrs. F. C. Lindner
(Address) Jennings Mo.

15. FILED MAR 1929, 19 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 — 12 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1929, to March 12, 1929, that I last saw h. alive on Mar 11, 1929, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobar, followed by Empyema

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gastric perforation due to Ulcers of the Stomach (duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm. Cochran, M. D.
3/11/ 1929 (Address) 5612 Hales Lindell Av

*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: Calvary — DATE OF BURIAL: Mch 15th 1929

20. UNDERTAKER: Aug Brockland L&A Co — ADDRESS: 1421 N. 9th St

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.

PERMANENT RECORD