

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

Do not use this space.

14283

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No. 791  
City St. Louis (No. City 100 11003)

File No.....  
Registered No. 3622  
St..... Ward)

**2. FULL NAME**

(a) Residence No. 3735 1/2 Banting 15 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**

**MEDICAL CERTIFICATE OF DEATH**

1. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1930

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

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1930 to April 11, 1930 that I last saw him alive on April 11, 1930 and that death occurred, on the date stated above, at 1:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26, 1930

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 2 16

Bronchopneumonia  
Patent Foramen  
Ovale (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) 15916 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Ben Linder

DID AN OPERATION PRECEDE DEATH? No DATE OF

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter & Paul DATE OF BURIAL 4/11 1930

12. MAIDEN NAME OF MOTHER Josephine Spolzer

20. UNDERTAKER Zeigler Bros. Charles

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

14. INFORMANT Thomas  
(Address) City St. Louis

15. FILED APR 11 1930 Max C. Hankley REGISTRAR

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.

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