

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

Do not use this space.

14316

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **5359 Reber Pl.**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. **3656**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. **5359 Reber Pl.** St. **13** 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 <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Charles Marshall</i>		
7. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>March 8, 1894</i>		
7. AGE YEARS <i>56</i>	MONTHS <i>1</i>	DAYS <i>2</i>
IF LESS than 1 day, .....hra. or .....min.		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

*housewife*

**9. BIRTHPLACE (CITY OR TOWN)**  
(STATE OR COUNTRY) *Illinois*

**10. NAME OF FATHER**  
*Joe Linner*

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

**12. MAIDEN NAME OF MOTHER**  
*Nancy Berling*

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

**14. INFORMANT** *Charles Marshall*  
(Address) *5359 Reber Pl.*

**15. FILED** *APR 12 1930*  
REGISTRAR *Max C. Stanley*

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *Apr 10 - 1930*

**17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to Apr 10, 1930, that I last saw him alive on Apr 9, 1930, and that death occurred, on the date stated above, at 1:45 P. M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
*chronic myocarditis*

**CONTRIBUTORY (SECONDARY)** *Hypertension - Fatty heart*  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH  
**DID AN OPERATION PRECEDE DEATH** DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** *no*  
**WHAT TEST CONFIRMED DIAGNOSIS** *clinical symptoms*  
(Signed) *R. W. Reber* M. D.  
**DR. L. W. SCHERMAN,**  
*412*, 1930 (Address) **2019 S. KINGSHIGHWAY BLVD.,**  
**LABORS, MO.**

\*State the DISEASE CAUSING DEATH, or death from UNKNOWN CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** *Calvary Cemetery* **DATE OF BURIAL** *4-14 1930*

**20. UNDERTAKER** *Kriegshauser & Co* **ADDRESS** *4228 Kingshighway*

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.

