

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. 10. Baptist Hospital.)

Registration District No. 791
Primary Registration District No. 1003

File No. 24397
Registered No. 6535
St. _____ Ward)

2. FULL NAME John Lindner

(a) Residence. No. _____ St. 12 Ward. Union Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 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 Alma Lindner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 5; 1881

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>49</u>	<u>5</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER William Lindner

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT John C. Zimmermann
(Address) 3832 Kennerly Ave.

15. FILED JUL 27 1930 Max O. Stashley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5; 1930 19

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1930, to July 5, 1930 that I last saw him alive on July 5, 1930, and that death occurred, on the date stated above, at 9:20 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Empyema (left chest)
10X
110A
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Bilateral lobar Pneumonia
(duration) _____ yrs. 6 mos. 14 ds.

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

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5-20-30
Resection of rib (left)
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical Examination
(Signed) Everett J. Jaraway, M. D.

7-7-1930 (Address) 3529 Franklin Ave

*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 Union Missouri DATE OF BURIAL 7/8/30

20. UNDERTAKER Union Und. Co. ADDRESS Union Mo.

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.

