

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

Do not use this space.

13740

**1. PLACE OF DEATH**

3/ County Franklin  
Township.....  
City Union, (No....., St..... Ward)

Registration District No. 296  
Primary Registration District No. 4180

File No.....  
Registered No.....

**2. FULL NAME Mathilda M. Lindemann**

(a) Residence. No..... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Ernst H Lindemann

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 5 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work, House Wife 295  
(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) Missouri.

10. NAME OF FATHER Casper H Pohlmann

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

12. MAIDEN NAME OF MOTHER Eliza Patro

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

14. INFORMANT Ernst H Lindemann  
(Address) Union, Mo.

15. FILED April 4 1931 E. A. Steininger  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 3, 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1931, to Apr 3, 1931 that I last saw h. a. alive on Apr 3, 1931, and that death occurred, on the date stated above, at 11:30 P. m.

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

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY)

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 Physical findings.  
(Signed) C. H. Denny M.D. M. D.

April 4, 1931 (Address) Union, 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 Zions Evangelical Church Cemetery DATE OF BURIAL 4/7 1931

20. UNDERTAKER Union Furniture ADDRESS By Wm. H. Horn 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.

MAY 23 1931

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