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

Do not use this space.

19222

1. PLACE OF DEATH
County: St Louis — Registration District No.: 790
Township: Central — Primary Registration District No.: 6033
City: Hoo-Peres (No. Harwood Ave. St. ..... Ward)

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

2. FULL NAME: Mary Lindemann

(a) Residence. No. Harwood ave 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.

JUN 20 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	wh	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 4 - 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	1	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Frederick Glamoro
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Blacken
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Henry Barchelding
(Address) Webster Groves Mo Rt. D 5.

15. FILED May 13 1931 K. W. Sullivan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-11-1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to May 11, 1931, that I last saw her alive on May 8, 1931, and that death occurred, on the date stated above, at 9.35 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
HB

..... (duration) ..... yrs. 4 mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED (NOT AT PLACE OF DEATH) .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Frank Sandfos, M. D.

May 12, 1931 (Address) Ballwin 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	DATE OF BURIAL
St Paul's Cemetery	5/14/31
20. UNDERTAKER	**ADDRESS**
Louis H. Bopp	Kirkwood Mo