

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

Do not use this space.

38788

**1. PLACE OF DEATH**

County St. Louis County Registration District No. 784  
 Township 2<sup>n</sup> Primary Registration District No. 6030  
 City St. Louis (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Sister Mary Gonzalga Lintgen

(a) Residence, No. Villa View 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1880, Jan. 14</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>10</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Teacher</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Lumpkin</u> (STATE OR COUNTRY) <u>Mo.</u>		
MOTHER / FATHER	13. NAME <u>John Lintgen</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Mo. Mo.</u> (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Margaret Seiment</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Mo. Mo.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mary J. Collins</u> (ADDRESS) <u>244 E. Main St. St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Villa View</u> DATE <u>Nov. 21</u> 19 <u>21</u>		
19. UNDERTAKER <u>Franches and Leo</u> (ADDRESS) <u>744 E. Main St. St. Louis</u>		
20. FILED <u>12/15</u> 19 <u>21</u> <u>Emma J. Harris</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19-31 1921  
 22. I HEREBY CERTIFY, That I attended deceased from 11-19-28, 1921, to 11-18-31, 1921.  
 I last saw her alive on 11-18-31, 1921. Death is said to have occurred on the date stated above, at 10 P. M.  
 The principal cause of death and related causes of importance were as follows:

Brain Memoris  
107A  
 Other contributory causes of importance:

Date of onset  
11-11-31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1921  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Albert S. Jenk, M. D.  
 (Address) 5300<sup>th</sup> Corner

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.

DEC 26 1921

