

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

Do not use this space.

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 City St. Louis (No. 6270, Boerner Ave St. \_\_\_\_\_ Ward \_\_\_\_\_)

14541

File No. \_\_\_\_\_  
 Registered No. 3927

**2. FULL NAME**

(a) Residence, No. 6270 Boerner Ave St. 2 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**

1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellen Linderer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19-1889</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>9</u>
	DAYS <u>0</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>Press, asst</u>	<u>55</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Van Hoffman Mfg Co</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) (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER / FATHER	13. NAME <u>Wm Linderer</u>	<u>19</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>	
	15. MAIDEN NAME <u>Wilhelmine Lindner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Ellen Linderer</u> (ADDRESS) <u>6270 Boerner Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson Barracks MA</u> DATE <u>Apr 23 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W Wacker - Belderle</u> <u>2331 - Broadway</u>		
20. FILED <u>21 1932</u> <u>19</u> <u>West</u> <u>St Louis</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1932 to Apr 19, 1932

I last saw him alive on April 19, 1932 Death is said

to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy of cerebral  
8th Hemorrhage  
??

Other contributory causes of importance:  
Arterio Sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 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) A. F. Klaepfel M. D.  
 (Address) 905 Morrison City \_\_\_\_\_

Date of onset  
4/18/32  
3/17/32

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.

