

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.

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. 7337

File No. 18535

Township

Primary Registration District No. 1812 California

Registered No. 4801

City. St. Louis Mo. No. 1812 California

St. ... Ward)

2. FULL NAME

Margarete Lindner

(a) Residence, No. 1812 California St. 23 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 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 Michael Lindner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3-1859

7. AGE YEARS 73 MONTHS 9 DAYS 27 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 12

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mr. Michael Lindner (ADDRESS) 1812 California St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE June 2 1933

19. UNDERTAKER Ed J. Schmeck (ADDRESS) 3145 11th St. St. Louis

20. FILED JUN 1 1933 J. P. Predeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1933

22. I HEREBY CERTIFY, that I attended deceased from Jan 1933 to May 30 1933. I last saw her alive on May 30 1933. Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows: Chy. Intest. neph. & 1st degree peritonitis. Chy. myocarditis. Other contributory causes of importance: 13!

Name of operation Chemical Abdom. 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 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? If so, specify

(Address) 2716 1/2 Park Av. M. D.

