

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.

17954

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *2061*)

City *St. Louis*

File No. **4272**

Registered No.

St. Ward)

2. FULL NAME

Louis Link

(a) Residence, No. *2940*
(Usual place of abode)

Green St. *10* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH/DAY, AND YEAR) *5/11*, 19*33*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *widowed*

22. I HEREBY CERTIFY, That I attended deceased from *3/8*, 19*33*, to *5/11*, 19*33*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 12 - 1935*

I last saw *him* alive on *5/15*, 19*33*. Death is said to have occurred on the date stated above, at *10* a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *76. 9 38*

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

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

Date of onset

Art. rel. nephritis
Other contributory causes of importance: *131*
Chr. myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

13. NAME *Henry Link*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

15. MAIDEN NAME *May*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

17. INFORMANT *Dr. J. P. ...* (ADDRESS) *City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Orleans* DATE *May 13, 1933*

19. UNDERTAKER *May Lidner & Co* (ADDRESS) *1417 ...*

20. FILED *MAY 12 1935* *J. Brederick* Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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?.....
If so, specify.....

(Signed) *Robert ...* M. D.

(Address) *City St. Louis #1*

