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.

100M-11-24-33

JUN 12 1935

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

Do not use this space.

18208

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. 162

City St. Louis, Mo. (No. 3503a Park Avenue St. ..... Ward)

File No. .....

Registered No. 4554

2. FULL NAME Robert Lee Linville

(a) Residence, No. 3503a Park Avenue St., 18 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 Male

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 Addie Linville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 8, Abt. 1873

7. AGE About YEARS 62 MONTHS 3 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Invalid For 15 yrs.)

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) Cole County, Missouri

FATHER

13. NAME (Unknown) Linville

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Addie Linville 3503a Park Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Crematory May 23, 1935

19. UNDERTAKER (ADDRESS) Weick Bros 2201 S. Grand Boulevard

20. FILED MAY 21 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21st, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1920, 19..., to May 21, 1935, 19...

I last saw him alive on May 20, 1935, 19... Death is said to have occurred on the date stated above, at 4:00 A.M.

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

	Date of onset
Rheumatoid Arthritis	1920
Other contributory causes of importance:	
Chronic Myocarditis	1925

93C

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) E. Raines, M. D.

(Address) 320 Metropolitan Bldg.

Mr. O. C. Haines
Metropolitan Bldg