

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

Do not use this space.

1. PLACE OF DEATH **SEP 16 1935**

791

27896

County.....

Registration District No.....

1003

File No.....

Township.....

Primary Registration District No.....

Registered No. **6950**

City *St. Louis*

(No. *4250 N. Flouissant Ave*)

St.....

Ward.....

2. FULL NAME *August L. Lindemann*

(a) Residence, No. *4250 N. Flouissant St.*, *9* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *60* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 4, 1840*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 5 10

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

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) *Aug. 1910* 11. Total time (years) spent in this occupation *Hayes*

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

13. NAME *Not known Lindemann*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known Germany*

15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known Germany*

17. INFORMANT (ADDRESS) *Amelia Lindemann 4250 N. Flouissant*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Friedens* DATE *Aug. 16, 1935*

19. UNDERTAKER (ADDRESS) *W. W. Bredeck 3934 N. 20 St.*

20. FILE **AUG 15 1935** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 14, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *FEB 25, 1935* to *Aug. 14, 1935*

I last saw him alive on *July 26, 1935* Death is said to have occurred on the date stated above, at *8:45 a.m.*

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

Chronic Myocarditis

Chronic Nephritis

Arteriosclerosis

Other contributory causes of importance:

131

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....., 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) *H. J. Niebuegge M.D.*

(Address) *3641 N. 20th St. St. Louis*

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.

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