

NOV 18 1935

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

Do not use this space.

31956

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

File No.

Registered No. 11022. FULL NAME Carl G. Lindbeck

(a) Residence, No. 2606 Felix St. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 47 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 B. Fluer Lindbeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 12, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 6 13

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tootle Campbell Dry Goods Co. (Wholesale)

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Sweden.

13. NAME John P. Lindbeck

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

15. MAIDEN NAME Johnson

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

17. INFORMANT Mrs. B. Fluer Lindbeck
(ADDRESS) 2606 Felix St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cemetery DATE Oct. 26, 1935,

19. UNDERTAKER Walter Meierhoffer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 10-26 19 35 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1935, to Oct 25, 1935.

I last saw him alive on Oct 24, 1935. Death is said to have occurred on the date stated above, at 12.30 A.M.

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

Coronary Thrombosis Date of onset 1935

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical 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) W. J. Elmer M. D.(Address) 1007 Ashland Court, St. Joseph, MO.

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.

