

DEC 12 1935

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

Do not use this space.

37355

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis, Mo. (No. 5343 O'Dell St.)

File No. ....  
Registered No. **9313**  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 15343 O'Dell St. 13 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter Lindemeyer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>aug. 20 - 1874</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>2</u>	DAYS <u>15</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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 .....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>			
	13. NAME <u>James Forbes</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
MOTHER	15. MAIDEN NAME <u>Catherine Walsh</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
17. INFORMANT <u>Mr. Peter Lindemeyer</u> (ADDRESS) <u>5343 O'Dell</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>Nov 6 1935</u>				
19. UNDERTAKER <u>E. J. Schauer</u> (ADDRESS) <u>3125 Lafayette av.</u>				
20. FILED <u>NOV - 5 1935 19</u> <u>J. P. Bredeck</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1935 to Nov 4 1935  
I last saw him alive on Nov 4 1935 Death is said to have occurred on the date stated above, at 11:52 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Arteriosclerosis  
Date of onset 10/25/35

Other contributory causes of importance:  
Arteriosclerosis

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? —  
If so, specify.....  
(Signed) N. M. Fraud, M. D.  
(Address) 3115 S. Grand

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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

