

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

Do not use this space.

7427

MAR 25 1936

1. PLACE OF DEATH  
 County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

Near City Farmington, Mo. (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 35

2. FULL NAME Fritz Lindwedel  
 (a) Residence, No. Kimmswick, Mo. St. \_\_\_\_\_ 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Marie Dornsief</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan. 31, 1862</b>		
7. AGE YEARS <b>74</b>	MONTHS	DAYS <b>24</b>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Farming</b>
	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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Missouri

13. NAME **Fritz Lindwedel**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS)  
Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Beck Mo. DATE 2-28 1936

19. UNDERTAKER (ADDRESS)  
Herlihy Undertaker Imperial Mo.

20. FILED Feb 26 1936 W. S. Robinson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-9, 1933, to Feb 25, 1936  
 I last saw him alive on Feb 25, 1936 Death is said to have occurred on the date stated above, at 9:10 P.M.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplexy) Date of onset 2-23-36

Other contributory causes of importance:  
Arturo Schisms generalis  
Senile Psychosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Cholesterol 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) P. S. Tate, M. D.

(Address) Box #4 Farmington Mo.

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.

