MAR 12 1936

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

Do not use this space.

7839

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5027 So. Grand Blvd. St. ..... Ward)

File No. ..... Registered No. 1507

2. FULL NAME Robert C. Linder

(a) Residence, No. 5027 So. Grand Blvd. St. 15 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: Anna Linder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5, 1872.

7. AGE: Years 63 | Months 8 | Days 4 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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): Switzerland.

FATHER

13. NAME: Wolfgang Linder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland.

MOTHER

15. MAIDEN NAME: Katharina (nee) Linder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland.

17. INFORMANT (ADDRESS): Anna Linder 5027 So. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter and Paul Cem. DATE Feb. 12, 1935.

19. UNDERTAKER (ADDRESS): J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED FEB 10 1936, 19 J F Bredeck Registrar. 3/10/36

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1935, to Feb 9, 1936

I last saw him alive on Feb 9, 1936. Death is said to have occurred on the date stated above, at 9:00 P m.

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

| | Date of onset |
|---|---|
| Carcinoma of rectum | |
| Primary in Liver 46 | |

Other contributory causes of importance:

Carcinoma of Liver

Name of operation Colostomy Date of May 35

What test confirmed diagnosis? Clinical 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) Joseph L Terrer, M. D.

(Address) 4209 Virginia

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.