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.

MAY 14 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis County — Registration District No. 790 — File No. 16837

Township Central — Primary Registration District No. 6033a — Registered No. 169

City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Albert Ernest Linehan

(a) Residence, No. 5727 Bartmer Ave. St., Ward. St. Louis Missouri.
(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: Catherine Linehan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 10, 1897.

7. AGE: Years 38 — Months 7 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: P. W. A.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Timekeeper
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): Michigan

FATHER

13. NAME: Thomas Linehan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

MOTHER

15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

17. INFORMANT (ADDRESS): Mrs. Catherine Linehan, 5727 Bartmer Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Linn Mo. DATE April 30, 1936

19. UNDERTAKER (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave.

20. FILED Apr 28 1936 D. A. J. Sigurelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30PM m.

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

Typical angina cor. History of several severe attacks. Taken to County Hospital in one of the attacks and died upon entering. Second trip to County Hospital within few days from similar attack

Date of onset

Other contributory causes of importance:

Chr. fibrenous ulcerative pericarditis of bevinum cor. Calcification of bi-cuspid valve.

Name of operation autopsy Date of yes

What test confirmed diagnosis? OVER 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) [signature] 4/28/36, M. D.

(Address) 3718 Jennings Rd

Coroner St. Louis Co. Mo.

Chr. ulcerative myocarditis, Chr. endocarditis;
Coronary arteries almost occluded, due to
disease not to sclerotic condition. Sclerotic
plaques numerous and large, on the ascending
aorta. Chr. aortitis.
Sec; Chr. endocarditis, Chr. myocarditis,
with myocardial collapse during angina attack.