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.

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

AUG 25 1936

Do not use this space.

27968

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township — Primary Registration District No. 60332 — Registered No. 279
City Clayton — (No. ST. LOUIS COUNTY HOSP. St. Ward)

2. FULL NAME Dora Lindhurst
(a) Residence, No. 8719 E Water St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 James Lindhurst
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21, 1875
7. AGE — YEARS 61 — MONTHS 6 — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) Ohio

FATHER
13. NAME Bartol
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
15. MAIDEN NAME ? Aurent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Edward Lindhurst (Husband) 8521 Water St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park. DATE July 20, 1936
19. UNDERTAKER (ADDRESS) MULLEN BROS. INC. 4259 LINDELL BLVD.
20. FILED 7/19 1936 Dr A J Seguirelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1936, to 7-19, 1936
I last saw her alive on 7-19-, 1936. Death is said to have occurred on the date stated above, at 6 50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	1930
59	

Other contributory causes of importance:

Hypertension	?
Diabetes mellitus	?
Cerebral Hemorrhage Rt.	?

Name of operation Atherosclerosis Gen. Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) R. J. Budhe, M. D.
(Address) St Louis Co Hosp