

OCT 5 1936

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

Do not use this space.

35830

1. PLACE OF DEATH

County.....
Township.....
City St Louis

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **9452**
St. Ward)

2. FULL NAME Flora Linn

(a) Residence, No. 4612 Bessie Ave St. 7
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 7 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 3 29

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) St Louis Mo
(STATE OR COUNTRY)

13. NAME Charles Linn
14. BIRTHPLACE (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Augusta Vordick
16. BIRTHPLACE (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Beiderwied Funeral Home Inc. 1936 St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem DATE Sept 16, 1936

19. UNDERTAKER (ADDRESS) Beiderwied Funeral Home 1936 St. Louis Ave

20. FILED SEP 14 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mrs 1936 to Sept 13, 1936
I last saw h. or alive on Sept 12, 1936. Death is said to have occurred on the date stated above, at 7:00 P M
The principal cause of death and related causes of importance were as follows:

Acute myocarditis 1 wk
following ch. myocarditis
Other contributory causes of importance: 93%
Ormentia precoc 100%

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) H. H. Halbring, M. D.
(Address) 4963 D'Armont

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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