

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

Do not use this space.

875

1. PLACE OF DEATH

County Franklin.
Township
City Washington, Mo. (No. _____, St. _____ Ward _____)

Registration District No. 297
Primary Registration District No. 3016

File No. _____
Registered No. 8

2. FULL NAME Cecilie Lindauer.

(a) Residence, No. 317 Locust, Washington, Mo., St., 1st Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18th, 1937.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~DECEASED~~ (OR) BIRTH OF John Felix Lindauer, deceased

22. I HEREBY CERTIFY, That I attended deceased from April 17 - 1935, to Jan. 18 - 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2nd, 1851.

I last saw her alive on Jan. 18 - 1937. Death is said to have occurred on the date stated above, at 1:15 P.M.

7. AGE YEARS 85 MONTHS 6 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.

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

Chronic Endocarditis

Date of onset last summer

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) Jan. 1937. 11. Total time (years) spent in this occupation X

Other contributory causes of importance: Angina Pectoris

Dec. 5-1936

12. BIRTHPLACE (CITY OR TOWN) Washington, Missouri.

FATHER 13. NAME Gerh Goebel.

14. BIRTHPLACE (CITY OR TOWN) Coburg, Germany.

MOTHER 15. MAIDEN NAME Caroline Becker.

16. BIRTHPLACE (CITY OR TOWN) Femme Osage, Missouri.

17. INFORMANT Miss Cecilie Osterwald.
(ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Jan. 20th, 1937

19. UNDERTAKER Niesburg & Vitt, Inc.
(ADDRESS) Washington, Mo.

20. FILED Jan. 19 - 1937 H. A. May
Registrar.

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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? No
If so, specify _____
(Signed) H. A. May, M. D.
(Address) Washington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

