FEB 17 1937

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

Do not use this space.

1958

1. PLACE OF DEATH
County: Knox
Township: Center
City: Edina (No. ..., ..., St. ..., Ward)

Registration District No. 441
Primary Registration District No. 4259

File No.
Registered No. 2

2. FULL NAME Mrs. Rickie Weber Linkenfelder

(a) Residence, No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident, give city or town and State)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Antoni Linkenfelder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-12-1867

7. AGE: Years 69 | Months 1 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year): 1-14-1937
11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER
13. NAME: William Weber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Whilhelmina Schroder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mary Linkenfelder, Edina, Mo.

18. BURIAL, CREMATION, OR REMOVAL: New Catholic Cemetery, Edina Mo. DATE Jan 18, 1937

19. UNDERTAKER (ADDRESS): L. A. Kelly, Edina Mo.

20. FILED Jan 17, 1937 Mrs C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1936, to 1-15, 1937.
I last saw her alive on 1-10, 1937. Death is said to have occurred on the date stated above, at 3:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	
Myocardosis	

Other contributory causes of importance:

Coronary occlusion (Clinical History)	1/15/37

Name of operation ... Date of ...
What test confirmed diagnosis? ... 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) Frederick L. Schmitt DO M.D.
(Address) Edina, Mo.

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.