

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. 1533 Grape Avenue)

St. Ward)

791

1003

14053

File No.....

Registered No. 35492. FULL NAME ALVINA LINDERS(a) Residence, No. 1533 Grape Avenue St. Ward.

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

August Linders

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

July 2, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

74829

OCCUPATION

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

At Home

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)

Germany

13. NAME

William Fischer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Fredericka Esda

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

F. W. Moeller
7246 St. Andrews Drive
Normandy

18. BURIAL, CREMATION, OR REMOVAL PLACE

ValhallaDATE Apr. 3, 1937

19. UNDERTAKER (ADDRESS)

Math. Hermann & Son
2161 East Fair Avenue20. FILE APR 1 1937J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31, 193722. I HEREBY CERTIFY that I attended deceased from 4 March 1937 to March 31, 1937I last saw her alive on March 30, 1937 Death is said to have occurred on the date stated above, at 12:00 NoonThe principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

J. M. O. HagartyName of operation None Date of.....What test confirmed diagnosis?..... Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) J. M. O. Hagarty, M. D.
(Address) St. Louis, 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.

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