

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

Do not use this space.

1. PLACE OF DEATH **SEP 10 '37**

791

29224

County.....

Registration District No. **1003**

File No.

Township.....

Primary Registration District No.

Registered No. **7857**

City **St. Louis, Mo.** (No.)

4261 Ashland Ave.

St. Ward)

2. FULL NAME **Dorothy Lindecke,**

(a) Residence, No. **4261 Ashland Ave.** St. **10** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 19** 19**37**

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

22. I HEREBY CERTIFY, That I attended deceased from **Aug 10** 19**37**, to **Aug 19** 19**37**

I last saw **her** alive on **Aug 19** 19**37**. Death is said to have occurred on the date stated above, at **11:50 P.M.**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 14th 1906**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 - 6

Date of onset

Anemia, secondary, puerperal
Miscarriage at 6 mos. gestation.

Other contributory causes of importance

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**
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)

Name of operation **141**
What test confirmed diagnosis **clinical laboratory** Date of **no**

13. NAME **William Fadeley**

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

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.

15. MAIDEN NAME **Catherine Randolph**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.** (STATE OR COUNTRY)

Manner of injury
Nature of injury

17. INFORMANT **Mr. Fred Lindecke,** (ADDRESS) **4261a Ashland Ave,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cem** DATE **Aug. 23rd 1937**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **Henry C. Westerman** M. D.
(Signed) **2136 East Grand Blvd**
(Address)

19. UNDERTAKER (ADDRESS) **142 N. Market Street.**

20. FILE **AUG 20 1937** **J. Lindecke** Registrar.

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.

899

Dr. A. H. ...

2136 E. Grand

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