

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

**32776**

Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1023**  
(c) City **St. Louis** (d) Street No. **De Paul Hospital** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred **58** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Maude Katherine Linberg

(a) Residence, No. **3533 Marcus Ave.** St. **6**  
(Usual place of abode, if no street address, write county or city) (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) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF **Frank Linberg**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 11th. 1877**  
7. AGE YEARS **35** MONTHS **59** DAYS **10** If LESS than 1 day, ..... hrs. or ..... min. **9**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**  
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) **England**

FATHER 13. NAME **John Wimbush**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER 15. MAIDEN NAME **Julia Butcher**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT (ADDRESS) **Frank Linberg**  
**3533 Marcus Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cem.** DATE **9-23-37**

19. FUNERAL DIRECTOR (ADDRESS) **Provost Und. Co.**  
**3710 N. Grand Blvd.**

20. FILED **631-28-13** **J. Bredeck**  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-20-37** 19  
22. I HEREBY CERTIFY, That I attended deceased from **SEPT. 17**, 19**37**, to **SEPT. 20**, 19**37**  
I last saw h. a. alive on **SEPT. 20**, 19**37**. Death is said to have occurred on the date stated above, at **9.25 P.M.**  
The principal cause of death and related causes of importance were as follows:

**ENCEPHALITIS  
Epidemic**

Other contributory causes of importance:

**BRONCHO PNEUMONIA**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Sp. Flu. B.** 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) **R. H. Harrison** M. D.  
(Address) **601 UNIV. CLUB Bldg**

STATEMENT BY LICENSED EMBALMER

I, Robert L. Brinkman, Licensed Embalmer No. 3553

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E. 3553

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Robert L. Brinkman*

Licensed Embalmer No. 3553

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**