DEC 13 1937

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

791

39871
Do not use this space.

Registered No. 10858

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. 1003

(c) City ST. LOUIS, MO., (d) Street No. LUTHERAN 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALBERT LINBERG

(a) Residence, No. 5036 POTOMAC St. 14
(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: MALE

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: CLARA M. LINBERG

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 3, 1876

7. AGE: Years 61 Months 6 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc.: RETIRED

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS, MO.

FATHER

13. NAME: CHARLES J. LINBERG

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

MOTHER

15. MAIDEN NAME: AMELIA F. BRIARLEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS, MO.

17. INFORMANT (ADDRESS): ROBERT M. LINBERG, 5036 POTOMAC

18. BURIAL, CREMATION, OR REMOVAL
PLACE VALHALLA CREMATORY DATE NOV. 24, 1937

19. FUNERAL DIRECTOR (ADDRESS): PEETZ BROS., 3029 LAFAYETTE BLVD.

20. FILED NOV 23 1937 J. G. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): NOV. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1937, to 11/22, 1937

I last saw him alive on 11/22, 1937. Death is said to have occurred on the date stated above, at 6:10 p.m.

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

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance:
Hypertension
Arteriosclerosis

Name of operation: None 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) Chas. D. Metz, M. D.
(Address) 3102 South Grand

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, Frank J. Owens, Licensed Embalmer No. 2245

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Frank J. Owens

Licensed Embalmer No. 2245

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.)