JAN 10 1938

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

791 2/1

43030
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 11280
(c) City St. Louis (d) Street No. 2328 Sullivan Ave. 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 Francis T. Linck
(a) Residence, No. 2328 Sullivan Ave. St. 20
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1917
7. AGE: YEARS 20 | MONTHS 6 | DAYS 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 157

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

FATHER
13. NAME Theodore Linck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

MOTHER
15. MAIDEN NAME Jane Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

17. INFORMANT (ADDRESS) Mrs. Jane Linck 2328 Sullivan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Dec. 9, 1937

19. FUNERAL DIRECTOR (ADDRESS) Charles J Kron Funeral Home 4911 Washington Blvd.

20. FILED DEC 7 1937 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15th, 1937, to Dec. 6th, 1937
I last saw him alive on 12-6, 1937. Death is said to have occurred on the date stated above, at 3:40 P.M.
The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Phthisis

Date of onset

Other contributory causes of importance: acute cold

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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) W. W. Fairis, M. D.
(Address) 3505 N. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

655

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G. Buchholz L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

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.)