

REC'D MAY 10 1938

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

14572

Do not use this space.

## 1. PLACE OF DEATH

(a) County Franklin. Registration District No. 297  
(b) Township Union Primary Registration District No. 3016 Registered No. 46  
(c) City St. Clair Washington (d) Street No. St. Francis Hospital, Washington, Mo. St.  
6 hrs. (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

Theresa Lindemann, 535  
(a) Residence, No. 3805 S. Kingshighway, St. Louis, Mo. St.  St. Louis, Mo.  
(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 Widowed  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2nd, 1865.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hr. or .....min.  
72 8 23

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis,  
(STATE OR COUNTRY) Missouri.13. NAME Mr. Dickhans.14. BIRTHPLACE (CITY OR TOWN) St. Louis,  
(STATE OR COUNTRY) Missouri.15. MAIDEN NAME Unknown.16. BIRTHPLACE (CITY OR TOWN) Unknown.  
(STATE OR COUNTRY)17. INFORMANT Mrs. Irene Schnais,  
(ADDRESS) 3267 Childress, St. Louis, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Louis, Mo. DATE Apr. 28th, 1938.19. FUNERAL DIRECTOR Nieburg & Vitt, Inc.,  
(ADDRESS) Washington, Mo.20. FILED Apr. 25, 1938 H. A. May  
Local Registrar 270 (Address) Washington, Mo.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25th, 1938.22. I HEREBY CERTIFY, That I attended deceased from  
Apr. 24th, 1938, to Apr. 25th, 1938

I last saw her alive on 25th, 1938. Death is said to have occurred on the date stated above, at 1:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Shock following an accident  
a fractured back, skull and  
right arm and internal lung  
injury.

Date of onset  
Apr.  
24  
1938

Other contributory causes of importance: 2100mName of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, ~~non-violent~~ Accident Date of injury Apr. 24, 1938.  
Where did injury occur? Highway 66, 4 mi. E. of St.  
(Specify city or town, county, and State) Clair  
Specify whether injury occurred in industry, in home, or in public place. MO.  
Car turned over on highway 66.

Manner of injury .....  
Nature of injury See above.24. Was disease or injury in any way related to occupation of deceased? NO.If so, specify .....  
(Signed) J. J. [Signature] M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Lester N. Witt, Licensed Embalmer No. 3254

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 Lester N. Witt  
Licensed Embalmer No. 3254

**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.)**