

REC'D MAY 24 1938

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

15569

Do not use this space.

1. PLACE OF DEATH
(a) County Platte Registration District No. 698
(b) Township Weston Primary Registration District No. 4420 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(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 Mary Lindemeyer 535
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4 - 1885</u>		
7. AGE	YEARS	MONTHS
	<u>83</u>	<u>7</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		DAYS
<u>at home</u>		<u>0</u>
9. Industry or business in which work was done, as saw mill, bank, etc.		IF LESS than 1 day, hrs. min.
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) <u>Germany</u>		<u>6</u>
13. NAME <u>Faber</u>		<u>6</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		<u>6</u>
15. MAIDEN NAME <u>unknown</u>		<u>6</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		<u>6</u>
17. INFORMANT (ADDRESS) <u>Fred Lindemeyer</u> <u>Weston Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u> Laurel Hill</u> DATE <u>May 5, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>J. H. Brill</u> <u>Weston Mo</u>		
20. FILED <u>5-15-1938</u> <u>J. H. Brill</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 4 - 1938

22. I HEREBY CERTIFY, That I attended deceased from April - 1 - 1938, to May - 4 - 1938
I last saw her alive on May - 4 - 1938. Death is said to have occurred on the date stated above at 5 P.m.
The principal cause of death and related causes of importance were as follows:
Chronic gastro-enteritis Date of onset _____

Other contributory causes of importance:
Nephritis & Embolectis

Name of operation None Date of _____
What test confirmed diagnosis? Urinary 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 ✓, 1938
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) Louis C. Palmer M. D.
(Address) Weston, Mo.

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STATEMENT BY LICENSED EMBALMER

I, J. H. Brill Licensed Embalmer No. 85

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. H. Brill

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed J. H. Brill

Licensed Embalmer No. 85

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Platte Registration District No. 698
 (b) Township..... Primary Registration District No. 4420 Registered No.....
 (c) City Weston (d) Street No..... 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

Mary Lindenmeyer
 (a) Residence, No. 5 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>83</u>	<u>2</u>	<u>0</u>	

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.

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

11. Total time (years) spent in this occupation

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. DR. MANT. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at m.

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

Chronic Gastro Enteritis Date of onset

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Other contributory causes of importance:
Nephritis and Endocarditis
Chronic Nephritis & Chronic Endocarditis!

Name 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, 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?

If so, specify Leuss G. Calvert, M. D.

(Address) Weston Mo.

SUPPLEMENTARY

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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10-5-67
Do not use this space.

1. PLACE OF DEATH
(a) County Platte Registration District No. _____
(b) Township _____ Primary Registration District No. _____ Registered No. _____
(c) City _____ (d) Street No. _____ 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. mo. ds. (f) How long in U.S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME Mary Lindemeyer
(a) Residence, No. _____ St. _____
(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 2 0

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. _____
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) _____
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____
19. FUNERAL DIRECTOR (ADDRESS) _____
20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the day stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Chronic Enteritis
Nephritis Chronic
Arterio Sclerosis, Chronic
Other contributory causes of importance:
Chronic nephritis due to prolonged toxemia.

Name of operation _____ Date of _____
What test confirmed diagnosis? 31 Was there an autopsy? _____

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? _____
If so, specify _____, M. D.
(Signed) Louis A. Palmer
(Address) Weston Mo.

SUPPLEMENTARY