

REC'D JUL 12 1938

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

20480

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis, M.** (d) Street No. **City Hospital** Registered No. **5619**
(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

John H. Lindemann
(a) Residence, No. **3622 N. Wharf** St. **26** (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 **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 **the late Elizabeth Lindemann**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 24-1851**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 **10** **27**

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. **Retired Fireman**
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) **St. Louis, Mo.**13. NAME **Frederick Lindemann**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U. S.**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **U. S.**17. INFORMANT **Edward Lindemann**
(ADDRESS) **3161 N. 13th. St.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory** DATE **6-23-38**19. FUNERAL DIRECTOR (NAME) **Henry Laidner U. Co**
(ADDRESS) **1417 N. Market St.**20. FILED **JUN 22 1938** **J. F. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 20-38** 19

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 **10:55 P.M.**
The principal cause of death and related causes of importance were as follows:

Fracture of Left Hip & Senile Debility suffered in fall from Bed in home
Other contributory causes of importance:
June 12-1938 about 4:00 A.M. Accident

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide..... Date of injury **6/12/38**
Where did injury occur? **In home**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury **See above**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Joseph M. Lindemann, M.D.**
(Signed) **J. F. Budick** (Address) **Deputy Coroner**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No. 16704

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.