

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20612

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No..... 791
 (b) Township..... Primary Registration District No..... 1003
 (c) City..... St. Louis..... (d) Street No..... City Hospital No. 1..... 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.

D. 3844
2. PRINT FULL NAME

(a) Residence, No. 4246 Westminster. 19
 (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 (circle the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
~~80~~ 85 6 16

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steel Engraver
 9. Industry or business in which work was done, as saw mill, bank, etc. nil
 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, Missouri

13. NAME Father Keeper Linck 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

15. MAIDEN NAME Mother "

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

17. INFORMANT Hos p. Inf o. M. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla bury DATE 6/27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chap. A. Bull 4457 Washington Bl.

20. FILED J. P. Redick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25/38 19

22. I HEREBY CERTIFY, That I attended deceased from 6/18/38 19 to 6/25/38 19

I last saw him alive on 6/25/38 19. Death is said to have occurred on the date stated above, at 4:55 p.m.

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

Cerebral Thrombosis (left internal capsule)
 Hypertension
 Generalized Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation..... 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?.....

If so, specify

(Signed) E. H. Trowbridge, Jr., M. D.

(Address) City Hospital No. 1

JUN 26 1938

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.....

Howard P. Rowland

Licensed Embalmer No.....

2114

P. O. Address.....

Phoenix Mo

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.