

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

50 10-37 I X12004

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.

1938

REC'D JUL 7 1938

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

23018
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Carondelet Primary Registration District No. 200 Registered No. 112

(c) City..... (d) Street No. 315 Weiss ave. 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 Edward Fred Linder 531/2

(a) Residence, No. 315 Weiss ave. St. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	47	5	17	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc. Anheuser-Busch Brewery Co.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Hermann

(STATE OR COUNTRY) Missouri

FATHER

13. NAME Fred Linder

14. BIRTHPLACE (CITY OR TOWN) Hermann,

(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Loretta Rebsamen

16. BIRTHPLACE (CITY OR TOWN) Missouri

(STATE OR COUNTRY)

17. INFORMANT Cora Linder

(ADDRESS) 315 Weiss ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE MT. HOPE CEM DATE JUNE 30, 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.

(ADDRESS) 7814 S. Broadway

20. FILED JUN 29, 1938 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 19 38

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938 to June 27, 1938

I last saw him alive on June 27, 1938. Death is said to have occurred on the date stated above, at 10.30 A.M.

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

Chronic Myocarditis Date of onset _____

Chronic Endocarditis

Other contributory causes of importance: 92 W

Pulmonary Edema

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 Charles Ehlers, M. D. (Signed) _____

(Address) 7201 So. Broadway

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

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

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2426

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.)