

REC'D FEB 10 1939

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

169
Do not use this space.791
1003

Registered No. 169

1. PLACE OF DEATH

- (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis Mo. (d) Street No. BARNES HOSPITAL 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 524 Amanda H. Lingle

- (a) Residence, No. St. NR Anna Ill.
 (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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27 1989

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 1 8

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

12. BIRTHPLACE (CITY OR TOWN) Harrisburg
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Wm. Henry Hammack
 14. BIRTHPLACE (CITY OR TOWN) Harrisburg
 (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Martha Ellen Roberts
 16. BIRTHPLACE (CITY OR TOWN) Hamilton County
 (STATE OR COUNTRY) Illinois

17. INFORMANT Eliza Wadley
 (ADDRESS) Anna Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Anna Ill. DATE 1-7, 1939

19. FUNERAL DIRECTOR (NAME) Miss H. Hoppe Inc.
 (ADDRESS) 4700 Washington Blvd.

20. FILED JAN 5 1939 J. B. Brudek
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5th 1939

22. I HEREBY CERTIFY, That I attended deceased from 12 - 30 -, 1938 to Jan. 5th, 1939.

I last saw him/her alive on Jan. 5th, 1939 Death is said to have occurred on the date stated above, at 12.25 A.M.

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

Uremia Date of onset

Other contributory causes of importance:

acute glomerular nephritis probably caused by chronic glomerular nephritis

Name of operation Date of
 What test confirmed diagnosis? N.P.N. 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) Marion J. Dahin, M. D.
 (Address) BARNES HOSPITAL

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.....

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.