REC'D FEB 1 0 1939

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

557
Do not use this space.

**1. PLACE OF DEATH**

(a) County 2 — Registration District No. 701

(b) Township — Primary Registration District No. 1003 — Registered No. 557

(c) City St. Louis — (d) Street No. 1821 N. Garrison Ave. 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 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** 563 Charles M. Linhart

(a) Residence, No. 1821 N. Garrison Ave. St. 11
(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 (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1859

7. AGE — Years: 79 — Months: 11 — Days: 25 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Louise M. Linhart
(ADDRESS) 1821 N. Garrison Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE Jan. 19, 1939

19. FUNERAL DIRECTOR (NAME) Wm. F. Paschedag
(ADDRESS) 2825 N. Grand Blvd.

20. FILED JAN 18 1939 J. D. Bredeck Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from about Jan. 1, 1937 to Jan. 16, 1939, 19 I last saw him alive on Jan. 16, 1939. Death is said to have occurred on the date stated above, at 5:55 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro-Vascular Disease | 1937 |
| Hypertensive Cardiovascular Disease | |
| Contributory Arteriosclerosis | |

Other contributory causes of importance

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? No
If so, specify
(Signed) D. C. Wolf, M.D.
(Address) 922-24 Humanity Club Bldg

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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

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