

RECD MAR 13 1939

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

791
1003
Do not use this space.
4663
Registered No. 1356

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. Christian 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

(a) Residence, No. 4762 Cupples Place St. 6
(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) Widower.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	65	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintenance
9. Industry or business in which work was done, as saw mill, bank, etc. Foreman.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Greensboro, N. C.
(STATE OR COUNTRY)

FATHER
13. NAME William Linberry

14. BIRTHPLACE (CITY OR TOWN) Greensboro, N. C.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Sarah Ann Dus kian

16. BIRTHPLACE (CITY OR TOWN) Greensboro, N. C.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Olivia McCoy
(ADDRESS) Olney Springs, Colo

18. MANNER OF DEATH, CREMATION, OR REMOVAL OF BODY
PLACE Valhalla Crematory, Feb. 11, 1939

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED J. D. Brudick Local Registrar
FEB 11 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1939, to Feb 9, 1939
I last saw him alive on Feb 9, 1939. Death is said to have occurred on the date stated above, at 4:10 PM.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
131

Other contributory causes of importance:
Chronic Myocarditis
Chronic Interstitial nephritis
Arterio Sclerosis

Date of onset
Jan 29 - 39

unable to say

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
Cause of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Peter A. Koch, M. D.
(Address) 4701 St. Louis Ave

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.....

William G. Buchholz

Licensed Embalmer No.....

2110

P. O. Address.....

St. Louis, 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.