

REC'D JUN 12 1939

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

17057  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....<sup>2</sup> Registration District No.....**791**  
 (b) Township.....<sup>1</sup> Primary Registration District No.....**1008**  
 (c) City.....**St. Louis** (d) Street No.....**5280 Washington Blvd.** 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. **4591**2. PRINT FULL NAME **535 Rachelle B. Linton**

(a) Residence, No. **5280 Washington Blvd.** St. **12** (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 31, 1884**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**54 6 18**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **School Teacher**  
 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) **St. Louis Mo.**13. NAME **Francis Louis Linton**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Mary Ellen McMamara**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ontario**17. INFORMANT (ADDRESS) **Mrs. P. F. Kistner 5927 Clemens Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May-22-39**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arthur J. Donnelly 3840 Lindell Blvd.**20. FILED **MAY 10 1939** *J. B. ...* Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 19, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 1, 1931, to May 19, 1939**  
 I last saw her alive on **May 6, 1939**. Death is said to have occurred on the date stated above, at **5:30 am.**  
 The principal cause of death and related causes of importance were as follows:

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

*Cerebral disease*  
*Left nephrectomy*  
*(calculous & pyonephrosis)*

Date of onset **Feb 1939**

1931

Other contributory causes of importance

Name of operation  
 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  
 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) *J. B. ...* M. D.(Address) *Harvard Blvd - St. Louis*

*File 12  
Merrill*

**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..... *Alfred J. Boedel*

Licensed Embalmer No. *2643*

P. O. Address *4204 Paine*

**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 licensè.)**

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