

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

17126  
Do not use this space.  
**4660**

1. PLACE OF DEATH  
 (a) County Wain 1939  
 (b) Township  
 (c) City St. Louis, Mo. (d) Street No. De Paul 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William H. Linnemeyer  
 (a) Residence, No. 3935a Palm St. St. 10 (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 Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Linnemeyer  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18-1868  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 3 3  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Glasscutter  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 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.  
 FATHER 13. NAME Henry Linnemeyer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Katherine Beckelman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) Mrs. Elizabeth Liemeyer  
3935a Palm St.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontain DATE May 25-1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner U. Co.  
1417 N. Market St.  
 20. FILED MAY 23 1939 J. D. Brudick Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21st. 39. 19  
 22. I HEREBY CERTIFY, That I attended deceased from Apr. 17 1939 to May 21 1939  
 I first saw him alive on May 21 1939. Death is said to have occurred on the date stated above, at 7:50 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Metastatic Carcinoma Date of onset 1 yr  
Carcinoma Stomach 1 yr  
Primary  
 Other contributory causes of importance: Hb!  
 Name of operation gastro-enterostomy of 4/26/39  
 What test confirmed diagnosis? May 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? no  
 If so, specify Cancer Sundack, M. D.  
 (Signed) 7707 University Street  
 (Address)

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

*John P. Buchholz*

Licensed Embalmer No.

*1674*

P. O. Address

*2223*

*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.**