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.

79

REC'D JUL 6 1939

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

22913

Do not use this space.

1. PLACE OF DEATH

(a) County Perry 2 Registration District No. 660

(b) Township Central 1 Primary Registration District No. 5878 Registered No.

(c) City (d) Street No. 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 535 Lydia L. Lintner

(a) Residence, No. St.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Femal	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
58	8	19	

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. House Wife

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) Perry Co. Mo. 0

FATHER

13. NAME Albert Hoehn 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo. 0

MOTHER

15. MAIDEN NAME Margarete Rauh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

17. INFORMANT (ADDRESS) Charles Lintner Menfro Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedenberg Mo. DATE May 29 1939

19. FUNERAL DIRECTOR (NAME) Young & Sons (ADDRESS) Perryville Mo.

20. FILED 5-29 1939 Joe J Zellner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1939

22. I HEREBY CERTIFY, That I attended deceased from May 26 1939 to May 26 1939

I last saw him alive on May 26 1939. Death is said to have occurred on the date stated above, at 5 45 P m.

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

	Date of onset
Cerebral apoplexy	May 26 - 39

87 W

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Clinical 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

(Signed) Jerome J Bredall M. D.

(Address) Perryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Edward C. Young

Licensed Embalmer No. 2138

P. O. Address Vernville Mich

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.