DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24244

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 6517

REC'D AUG 11 1939

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2116 Wyoming
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2116 Wyoming
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 Yrs. years.

3. (a) PRINT FULL NAME Michael Lincks 520

3. (b) If veteran, name war --

3. (c) Social Security No. - -

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife: Philippine Lincks

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 16 (Day) 1866 (Year)

8. AGE: Years 73 Months 3 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Cement Contractor 6

11. Industry or business 6

FATHER
12. Name Peter Lincks 6
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Anna Stugard
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Hy Lincks
(b) Address 6116 Carlsbad Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26 1939 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Wm. Schumacher
(b) Address 3013 Meramec St.

19. (a) JUL 25 1939 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1939 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 19, 1939, to July 22, 1939;
that I last saw him alive on July 22, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated heart

Due to

Due to

Other conditions Decompensated heart
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature 49 30 [illegible] (M. D. or other)
Address 5 [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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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

Clarence J. Rochow, Registered Apprentice No.

working under my personal supervision.

Signed Clarence J. Rochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec St.

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.