

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FILED MAR 14 1940

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

7956  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St Charles Registration District No. 913  
 (b) Township Penn Osage Primary Registration District No. 5996A  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (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. 10 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Julius Linnenbringer  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>54</u>	<u>4</u>	<u>12</u>	

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. Farmer  
 10. Date deceased last worked at this occupation (month and year) Aug. 1936  
 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co O

FATHER  
 13. NAME Henry Linnenbringer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany b

MOTHER  
 15. MAIDEN NAME Elemia Dieckmann  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles O

17. INFORMANT (ADDRESS) Freida Linnenbringer  
Defiance, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Schluesberg Mo DATE Dec. 17 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morris Muschany  
Hamburg Mo.

20. FILED 12-17 19 39 O. P. Bueneman  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 1936 to Dec 14 1939  
 I last saw him alive on Dec. 13 1939 Death is said to have occurred on the date stated above, at 4 m.  
 The principal cause of death and related causes of importance were as follows:  
arteriosclerosis  
Cerebral hemorrhage  
hemiplegia et.  
 Other contributory causes of importance: arteriosclerosis

Date of onset
<u>Dec 12th 1939</u>

Name of operation None 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 Weber H. Schmidt, M. D.  
 (Signed) W. H. Schmidt (Address) Marthasville, Missouri

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Morris W. Wasebury* .....

Licensed Embalmer No. *9467* .....

P. O. Address.....

**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.**