

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **8992**
 Registrar's No. **2475**

Registration District No. **791**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
3318 Texas **2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3318 Texas
(If rural, give location)

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

8. (a) PRINT FULL NAME Cora P. Linn

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Walter Linn</u>		6. (c) Age of husband or wife if alive <u>54</u> years

7. Birth date of deceased Jan. 11, 1887
(Month) (Day) (Year)

8. AGE: Years <u>53</u>	Months <u>2</u>	Days <u>2</u>	If less than one day hr. _____ min. _____
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9. Birthplace Fayetteville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Wasem

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

14. Maiden name Mary Petri

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant: Walter Linn

(b) Address 3318 Texas

17. (a) Cremation Cremation **(b) Date thereof** 3-15-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) MAR 14 1940 **(b)** _____
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
 year 1940 hour 6 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 2
1939, to March 16, 1940
 that I last saw her alive on Oct 30, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Round Cell Sarcoma **Duration** 1 yr.
Gen. Paralysis
that as treatment would
help.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Removal mass for
Microscopic Study
Of autopsy None

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? _____

While at work? _____ **(e) Means of injury** _____

23. Signature J. B. ... (M. D. or other) _____

Address Mount Club Bldg **Date signed** _____

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 *H. E. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.