

APR 23 1940  
Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Rolla Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
In this community 52 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
(c) City or town St James Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Ernst Lindner 535  
3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10  
year 1940 hour 3:50 P. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb. 24, 1940, to March 10, 1940;  
that I last saw him alive on March 10, 1940;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 4 5 1887  
(Month) (Day) (Year)

Immediate cause of death Diabetes mellitus Duration \_\_\_\_\_  
Due to Gangrene of right foot

8. AGE: Years 88 Months 11 Days 5 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to 59  
Other conditions Amputation of rt. foot  
(Include pregnancy within 3 months of death)

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Farmer

MOTHER FATHER { 12. Name Conrad Lindner  
18. Birthplace Germany (City, town, or county) (State or foreign country) Mo  
14. Maiden name Consequentes Muller  
15. Birthplace Germany (City, town, or county) (State or foreign country) Mo

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs W E Donnelly

(b) Address St James Mo

17. (a) Burial (b) Date thereof 3-12-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo

18. (a) Signature of funeral director W E Donnelly  
(b) Address St James Mo

19. (a) 3-12-40 (b) J. F. Ayers  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature 6/11 (Specify type of \_\_\_\_\_)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Address Rolla Mo 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.....

*me*  
....., Registered Apprentice No. ....  
working under my personal supervision.  
District Health Officer No. 5,  
District File Number 448 409  
Date Filed 5-11-49

Signed Oral E. LeBlanc  
Licensed Embalmer No. 3546  
P. O. Address St James m

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.