

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12429

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARYS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 DAYS
(Specify whether
In this community 19 YEARS
years, months or days)

3. (a) PRINT FULL NAME GEORGE ANDREW LINCOLN

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 LENNA GERE LINCOLN 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JAN 23 - 1846
(Month) (Day) (Year)

8. AGE: Years 94 Months 2 Days 7 If less than one day — hr. — min.

9. Birthplace NORTH WINDHAM CONN
(City, town, or county) (State or foreign country)

10. Usual occupation ENGINEER

11. Industry or business RAILROAD

12. Name ALBERT LINCOLN

13. Birthplace CONN.
(City, town, or county) (State or foreign country)

14. Maiden name REBECCA COGGSWELL

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

16. (a) Informant K. P. Kline

(b) Address 236 SYLVESTER AVE W.G.

17. (a) BURIAL (b) Date thereof APRIL 1 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director Parker and Co

(b) Address Webster Groves Mo

19. (a) MAR 31 1940 (b) A. R. Meyer (c) Mo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES MO
(If outside city or town limits, write "RURAL")
(d) Street No. 236 SYLVESTER AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 30
year 1940 hour — minute — M.

21. I hereby certify that I attended the deceased from March 30, 1940,
that I last saw him alive on March 30, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease
Dilatation

Due to Coronary Artery Disease
Due to —

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations —
Of autopsy —

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? —

707 (Specify type of place) (e) Means of injury —

23. Signature W. H. Dwyer (M. D. or other) —
Date signed 4/1/40

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 E. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves Mo

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.