6. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23839

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6284

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:
5003 Thrush Avenue 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 7
(If outside city or town limits write "RURAL")
0 (d) Street No. 5003 Thrush Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 76 Years years.

3. (a) PRINT FULL NAME FREDERICK LINDNER 535

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth (Koch)

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Nov. (Month) 7 (Day) 1859 (Year)

8. AGE: Years 80 Months 8 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 6 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

MOTHER FATHER
12. Name Not Known
13. Birthplace (City, town, or county) Germany 6 (State or foreign country)
14. Maiden name Not Known
15. Birthplace (City, town, or county) Germany 6 (State or foreign country)

16. (a) Informant Elizabeth K. Lindner
(b) Address 5003 Thrush Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) JUL 26 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1940 hour 7 minute 55AM M.

21. I hereby certify that I attended the deceased from July 4, 1940, to July 25, 1940, that I last saw h. alive on July 25, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration Don't know
Due to General Hypertension — Don't know
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 R. R. Menown (M. D. or other) MD
Address 5330 Geraldine Date signed 7/26/40

(Licensed Embalmer's Statement on Reverse Side)

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: Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, 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.