

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

Registration District No. 784

Primary Registration District No. 106

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(c) Name of hospital or institution: 405 Freida Ave.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(d) Street No. 405 Freida Ave.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Emilie Linnemeyer 556

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Linnemeyer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 10, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 11 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Conrad Luecking

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

14. Maiden name Louise Ostermann

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

16. (a) Informant Ed. Linnemeyer

(b) Address 405 Freida Kirkwood, Mo.

17. (a) Burial (b) Date thereof 8/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) AUG 22 1940 (Date received local registrar)
(Registrar's signature) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 15th 1938 to Aug 21st 1940
that I last saw her alive on Aug 15th 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hyper nephrosis of rt. kidney.
Due to _____

Due to 53:
Other conditions nitral regurgitoy
(Include pregnancy within 3 months of death)
station.

Major findings: none
Of operations _____
Of autopsy none

Duration 2 y
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? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph Davie (M. D. or other) _____
Address Century Bldg. Date signed 8-21-40

Dr. Davis

663 Century Bldg.

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

Harry Stewart

Licensed Embalmer No..... 3722

P. O. Address..... St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.