. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36753

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9026

FILED DEC 11 1940

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution Barnard Skin + Cancer (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution five days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 10 (If outside city or town limits, write "RURAL")

(d) Street No. 4468 Lee Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Anton H. Lindemann

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M

5. Color or race white

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

6. (b) Name of husband or wife Anna C. Lindemann

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 1 (Month) - 6 (Day) - 1868 (Year)

8. AGE: Years 72 Months ~~10~~ 9 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Carpenter 6

11. Industry or business 9

FATHER
12. Name Clemens Lindemann
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) not known (State or foreign country)

16. (a) Informant Gentry Lindemann

(b) Address 4468 Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 4 (Day) 40 (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroh - Carroll Und. Co

(b) Address 4600 Natural Bridge

19. (a) NOV 1 1940 (Date received local registrar) (b) J. F. Bischeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1 year 1940 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10-26, 1940 to 11-1, 1940; that I last saw him alive on 11-1-40, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pharynx

Due to with metastases to neck, left.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of pharynx with neck metastases

Of autopsy

Duration

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 C. E. Fischer (M. D. ~~or other~~)

Address Barnard Hospital Date signed 11-1-40

(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 F H Stroot

Licensed Embalmer No. 2265

P. O. Address .....

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

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