

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Carefully supplied. PHYSICIANS should state EXACTLY.

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
MANCHESTER NURSING HOME  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 DAYS  
(Specify whether  
In this community 81 yrs. 0 mos. 21 da  
years, months or days)

3. (a) PRINT FULL NAME Christ Lingeman  
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Mary Lingemann 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 8, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>21</u>	hr. _____ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Carpenter  
11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Christian Lingemann  
13. Birthplace Unknown unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Steve Lingemann  
(b) Address 4128 Ashland Ave

17. (a) Burial (b) Date thereof Dec. 2, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery  
18. Signature of funeral director Goodman & Crocker  
(b) Address 2 228 St. Louis Ave

19. DEC 1 1940 (Date received local register) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2629 Sullivan Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29  
year 1940 hour 8 minute 30 P.M.  
21. I hereby certify that I attended the deceased from November 24  
\_\_\_\_\_, 1940, to Nov. 29, 1940

that I last saw him alive on November 29, 1940:  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_  
Anterior Sclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Anterior Sclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 R. D. Jensen (M. D. or other) \_\_\_\_\_  
Address MANCHESTER, MISSOURI Date signed 11/29/40

**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 *Charles Goodhart*  
Licensed Embalmer No. *2777*  
P. O. Address *St Louis, Mo*

**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, above space should be left blank.**