

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **10693**

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:
Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
Life (Specify whether
In this community _____
years, months or days)

3. (a) PRINTED NAME **Ligora Linder**
FULL NAME

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Edward F. Linder** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 12 1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 9 13 hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Clark**
18. Birthplace **California**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Marguerite Castro**
15. Birthplace **Cincinnati Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lillian Burkman**
(b) Address **8406 A. Vulcan St.**

17. (a) **Burial** (b) Date thereof **Dec. 28-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PARK LAWN CEM**

18. (a) Signature of funeral director **G. Hoffmann**

(b) Address **2814 S. Broadway**

19. (a) **DEC 27 1940** (b) **J. T. Brudick**
(Date received local registrar) (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. **8406 A Vulcan**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **25**
year **1940** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from
November 9, 1940 to **December 25, 1940**;
that I last saw her alive on **December 25, 1940**;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of cervix
Chronic Myocarditis

Due to _____

Due to _____

Other conditions **Generalized carcinomatosis**
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature **J. T. Brudick** (M. D. or other): _____

Address **4470 Bunker Road** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Linus C. Hoffmeister
Licensed Embalmer No. 3871
P. O. Address 7814 S. Broadway

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.