No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43071

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 2638

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7636 Westmoreland
(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: 109
(a) State: Missouri (b) County: Warren
(c) City or town: Warrenton
(If outside city or town limits, write "RURAL")
(d) Street No.: Route # 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Ida Linnert
3. (b) If veteran, name war: No.
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Henry G.
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: Aug. (Month) 17 (Day) 1886 (Year)
8. AGE: Years 55 Months 4 Days 8 If less than one day ..... hr. ..... min.
9. Birthplace: Warrenton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER 12. Name: Henry Wessel
FATHER 13. Birthplace: (City, town, or county) W. Virginia (State or foreign country)
MOTHER 14. Maiden name: Unknown Stock
MOTHER 15. Birthplace: Warrenton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Ruth Alice Linnert
(b) Address: Warrenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Warrenton, Mo.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Ave.
19. (a) DEC 26 1941 (Date received local registrar) (b) E. J. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1941 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from 10-6, 1941, to 12-25, 1941, that I last saw her alive on 12-25, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic Carcinoma	4 mos
Due to: Ca. of L. Breast	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 50	
Major findings: Of operations: Ca of L breast	
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature: L. D. Cassidy (M. D. or other) M.D.
Address: 7410 Oxford St. Date signed: 12-26-41

701 (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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.