S. No. 2
M—1-4-41
v. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4626

FILED MAR 17 1942

Registration District No. 1091 Primary Registration District No. 1009 Registrar's No. 1404

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1900
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4437 McPherson Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Grace Linder

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 21 (Day) 1873 (Year)

8. AGE: Years 68. Months 11. Days 23. If less than one day hr. min.

9. Birthplace Charleston, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed Teacher

11. Industry or business Home Economics

MOTHER FATHER
12. Name George W. Linder
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Mary Cosel
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Linder Wright
(b) Address 1034 Oakview Pla.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crem

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address #7233 Delmar Blvd.

19. (a) FEB 14 1942 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14 year 1942 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 26, 1942, to Feb. 14, 1942, that I last saw h alive on Feb. 13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis; mesenteric thrombosis with gangrene of small intestine — Duration 8 da. 6 da.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Generalized arteriosclerosis; a. u. p. res. i. u.

Major findings: Of operations mesenteric thrombosis with gangrene of ileum

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

23. Signature Thomas Coates (M. D. or other)
Address 1300 S. Big B end Date signed 2/14/42

(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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis, M

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, fact should be so stated above.