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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 7658

FILED MAR 20 1942

Registration District No. 75 Primary Registration District No. 3036 Registrar's No. 68

**1. PLACE OF DEATH:**

(a) County: St. Charles

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

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Four Days (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: St. Charles

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

(d) Street No. 1005 West Jefferson St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Oliver Lewis Link

3. (b) If veteran, name war: No

3. (c) Social Security No. 488-16-7353

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Kathryn (Hugg) Link

6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: September (Month) 9 (Day) 1861 (Year)

8. AGE: Years 80 Months 5 Days 29 If less than one day hr. min.

9. Birthplace: Ambler (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation: Metal Worker

11. Industry or business: American Car & Foundry

FATHER
12. Name: Oliver Link
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Warren Link
(b) Address: St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Charles Borromeo Cem.

18. (a) Signature of funeral director: H. C. Dallmeyer & Sons
(b) Address: 800 N. Second, St. Charles, Mo.

19. (a) 2-11-42 (Date received local registrar) (b) Clarence H. Wheeler (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 8 year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 20 1942 to Feb. 8 1942 that I last saw him alive on Feb. 8 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Thrombosis | 19 days |
| Due to: Senile Arteriosclerosis | 7 days |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings:
Of operations:
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: C. J. Lantz (M. D. or other) M. D.
Address: St. Charles, Mo. Date signed 2-10-42

(Licensed Embalmer's Statement on Reverse Side)

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 John E Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo.

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

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

. S. No. 2B
M—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 7658

Registration District No. 757 Primary Registration District No. 3036 Registrar's No.

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

**1. PLACE OF DEATH:**
(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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:**
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oliver L Link
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 9 (Day) 1861 (Year)

8. AGE: Years 80 Months 5 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February Day
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Uremia | |
| Due to: Chronic tonsilitis quiescent syphilis | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
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)
(b) 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 D. D. Cantly M. D. (M. D. or other)
Address St. Charles Mo Date signed 4-10-42

SUPPLEMENTARY

1310