. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8878
Registrar's No. 3323

Registration District No. 791 Primary Registration District No. 1003

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:
4234 Pleasant St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 109
(If outside city or town limits, write "RURAL")
(d) Street No. 4234 Pleasant St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME H.F. Edward Linhardt
3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Elizabeth Linhardt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 21 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	8	22	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name John W. Linhardt
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)
16. (a) Informant Edna Meyer
(b) Address 4234 Pleasant St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) APR 14 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1942 hour 6 P.M. minute M.
21. I hereby certify that I attended the deceased from Jan 1, 1942 to Apr 13, 1942
that I last saw him alive on Apr 13, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene both feet and muscles - lumbar area	4 mo
Due to: Chronic myocarditis	
Due to: Arteriosclerosis	2 years
Other conditions: Chronic nephritis (Include pregnancy within 3 months of death)	18 mo

Major findings: Of operations: no operation
Of autopsy: no 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 0
23. Signature [illegible] (M. D. or other) M.D.
Address 3500 N Grand Date signed 4/14/42

844 (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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis a

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.