

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8879
State File No.
Registrars No. 2984

Registration District No. **91** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Luthern Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution. 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 24 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3004 Texas Ave.
(If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Adam J. Link
(b) If veteran, name war
(c) Social Security No. 489-09-7209

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1 st.
year 1942 hour 5 minute 58 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife
(c) Age of husband or wife if alive years
7. Birth date of deceased September 7 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-9-1938
to 4-1-1942
that I last saw him alive on 4-1-1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 6 25 hr. min.

Immediate cause of death Cerebral Thrombosis Duration 7 days
Due to 83 hr
83 hr
80

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

Other conditions Disenteria Coloni
(Include pregnancy within 3 months of death)
Major findings: Old tubercle of the
Of operations: of apices of lungs

10. Usual occupation Brewery Worker
11. Industry or business Hyde Park Brewery

PHYSICIAN
Underline the cause to which death should be charged statistically.
Of autopsy Above findings

MOTHER, FATHER { 12. Name John Link
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Bertha Sigelke
15. Birthplace Carlinville Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Link
(b) Address 4306 Frieda Ave.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence 7th
(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?

17. (a) Burial (b) Date thereof 4/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

(Specify type of place) While at work? (Specify means of injury)
23. Signature J. F. Berdeck (M. D. or other)
Address 5401 1/2 Morris Date signed 4-2-42

18. (a) Signature of funeral director J. F. Berdeck
(b) Address 3634 Gravois Ave.
19. (a) APR 3 1942 (b) J. F. Berdeck
(If received local registrar) (Registrar's signature)

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.....

Frank J. Hyland

Licensed Embalmer No.

2645

P. O. Address.....

St Louis Mo

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.