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

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. 12003

FILED APR 13 1942

Registration District No. 7 3 4 Primary Registration District No. 202 Registrar's No. 789

96 0 0

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Ferdinand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Villa Gesu Convent Linkogel
(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: 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Riverview Drive 0
(If outside city or town limits, write "RURAL")
(d) Street No.: RR 14 ~~St. Louis~~, Missouri 0
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: SISTER M. ALPHONSA LINKOGEL
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: August (Month) 8 (Day) 1861 (Year)
8. AGE: Years 81 Months 7 Days 28 If less than one day ____ hr. ____ min.
9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Religious Teacher Retired
11. Industry or business: ____
MOTHER FATHER
12. Name: Joseph Linkogel
13. Birthplace: ____ (City, town, or county) Germany (State or foreign country) 4
14. Maiden name: Theresa Theismann
15. Birthplace: ____ (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant: Sister M. Honorina
(b) Address: Villa Gesu Convent RR14 St. Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 8, 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Villa Gesu Cemetery
18. (a) Signature of funeral director: [illegible] Co.
(b) Address: 7814 S. Broadway
19. (a) APR 7 1942 (Date received local registrar) (b) C. D. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1942 hour 10 minute 10 A. M.
21. I hereby certify that I attended the deceased from June 1938, 19__, to April 6th, 1942 that I last saw h. alive on 4-4-42, 19__ and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2
Due to: Arteriosclerosis	2
Due to: Hypertension	2
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? ____ By Means of injury ____
23. Signature: Albert G. Dick (M. D. or other)
Address: 5258 N. Union Blvd. Date signed: 4-6-42

707 (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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.