V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1942

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 15515

Registrar's No. 1019

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

96
0
3

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 5/2/42. (Specify whether
In this community since 5/2/42
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County 999

(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")

(d) Street No. 1621 Lowell Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Charles LINK

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cora

6. (c) Age of ~~husband~~ or wife if alive 58 years

7. Birth date of deceased October (Month) 27, (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	6	11	hr. min.

9. Birthplace O'Fallon (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Watchman

11. Industry or business -

FATHER
12. Name Charles E. Link
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Catherine Henz
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant M. Schillig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 9 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Belleville Ills.

18. (a) Signature of funeral director Geo Kenner

(b) Address Belleville Ills.

19. (a) MAY 8 - 1942 (Date received local registrar) (b) E. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1942 hour 2:35 minute p. M.

21. I hereby certify that I attended the deceased from May 2, 1942 to May 8, 1942; that I last saw him alive on May 8, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive and metabolic heart disease, myocardial damage and myocardial insufficiency.	Unknown
Due to	
Due to -	
Other conditions - (Include pregnancy within 3 months of death)	
Major findings: Of operations -	
Of autopsy No autopsy.	

93 d

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) no

(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 L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer. Date signed 5/8/42.

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1949

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 Geo. Renner

Licensed Embalmer No. 2314

P. O. Address Belleville Ills

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, above space should be left blank.