28198

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 8 1942

State File No.

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1757

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Baldwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2908 Dodier St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JOHN BERNARD LINDY
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 29 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	2	20	hr. min.

9. Birthplace St. Marys, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Carpenter
11. Industry or business
FATHER
12. Name Jacob Lindy
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emily Bolker
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Genevive Slinkard
(b) Address 2908 Dodier St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem
18. (a) Signature of funeral director Hy. Teidner und Co.
(b) Address 2223 St. Louis ave.
19. (a) AUG 20 1942 (Date received local registrar) (b) C. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th
year 1942 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from April 4th 1942 to August 18th 1942
that I last saw him alive on August 18th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d
Of autopsy

Duration

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 R. W. Jansen D (M. D. or other)
Address Manchester, Mo Date signed 8/19/42

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(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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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.