S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41969

State File No.

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2727

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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 Clayton
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 310 Weiss Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Fred Linder SR.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Loretta LINDER

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

7. Birth date of deceased Oct. (Month) 15 (Day) 1866 (Year)

8. AGE: Years 76 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Hermann (City, town, or county) Mo. (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name John Linder
13. Birthplace unknown (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Wilhelmenia unknown
15. Birthplace unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Fred Linder Jr.
(b) Address 310 Weiss Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation MT. HOPE CEMETERY

18. (a) Signature of funeral director C Hoffmeister Mt. L Co
(b) Address 7814 S Broadway

19. (a) DEC 24 1942 (Date received for registration) (b) E G McGarrin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1942 hour 10 00 minute P M.

21. I hereby certify that I attended the deceased from 12-14-42, 1942 to 12-21, 1944 that I last saw him alive on 10 00, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure — Duration 1 yr.

Due to Arteriosclerosis — Years?

Due to Decompensation — 1 mo.

Pneumonia Bronchitis

Other conditions High Blood Pressure — ?
(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? (e) Means of injury

23. Signature Russell L. Anderson (M. D. ~~or other~~)

Address St Louis County Hosp. Date signed 12-22-42

(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 Paul A. Franklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 7814 So. 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.