

FILED JAN - 7 1942

Registration District No. **319**

Primary Registration District No. **6079**

Registrar's No. **75**

1. PLACE OF DEATH:

(a) County ST. GENEVIEVE  
(b) City or town RURAL STE. GENEVIEVE TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Genevieve  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5-19  
year 1942 hour 4:10 minute A M.  
21. I hereby certify that I attended the deceased from Dec 4  
1942 to Dec 5 1942

that I last saw her alive on Dec 5 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Degeneration 3 1/2 yrs  
Due to Rheumatic Fever

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Thos. E. Wilson (M-D. or other) M.D.  
Address St. Genevieve Mo Date signed 12-5-42

3. (a) PRINT FULL NAME L. VERNE LINDERER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GILBERT LINDERER 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased SEPT 8 1911  
(Month) (Day) (Year)

8. AGE: Years 31 Months 2 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. GENEVIEVE, CO MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

12. Name ANTHONY RUIH

13. Birthplace ST. GENEVIEVE, CO MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name SOPHIA DALLAS

15. Birthplace ST. GENEVIEVE, CO MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Wilson

(b) Address St. Genevieve Mo

17. (a) BURIAL (b) Date thereof 12-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. GENEVIEVE MO

18. (a) Signature of funeral director Geo. C. Basler

(b) Address St. Genevieve Mo  
19. (a) Dec 5/42 (b) F.W. Douglas  
(Date received local registrar) (Registrar's signature)

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

9500

706

11130

RECEIVED

District Health Officer No. 4

District File Number 143-1574

Date Filed 1-6-43

BFC 5 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. C. Baker

Licensed Embalmer No. 1985

P. O. Address St. Genesene 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.**