

FILED JAN 19 1943

318

1003

State File No.

Registrar's No. 242

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DE PAUL HOSPITAL
(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

3. (a) PRINT FULL NAME LOUIS J. LINSIN

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 MARRIED

6. (b) Name of husband or wife JENNIE S. LINSIN 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased FEBRUARY 9, 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 0 If less than one day hr. min.

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

10. Usual occupation GRINDER

11. Industry or business MALLEABLE STEEL CO.

MOTHER FATHER

12. Name UNKNOWN 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 14. Maiden name UNKNOWN 15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MRS JENNIE S. LINSIN

(b) Address 129 W FERRY ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 11, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation FRIENDS CEMETERY

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Ave

19. (a) JAN 10 1943 (Date received local Registrar) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17 99
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 129 W FERRY ST. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 9, 1943 year 6 hour 25 minute A. M.

21. I hereby certify that I attended the deceased from 31 1939 to 1/9/1943 and that I last saw him alive on 1/8/1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to Atherosclerosis Bronchopneumonia, type indeterminate

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 David D. Flarrant (M. D. or other) 110
Address 539 N. GRAND Date signed 1/9/43

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

#0

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

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.