

REG. MAR 15 1943 318

Registration District No. **318** Primary Registration District No. **1106** Registrar's No. **2131**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri Pacific Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
In this community **Unknown** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Louis J. Linder**

3. (b) If veteran, name war **No** 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 **Ida Linder** 6. (c) Age of husband or wife if alive **67 years**

7. Birth date of deceased **August 14, 1855**
(Month) (Day) (Year)

8. AGE: Years **87** Months **6** Days **19** If less than one day hr. min.

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

10. Usual occupation **Mo-Pac. R.R. 32 years**

11. Industry or business **Fireman**

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Linder**
(b) Address **4410 Grace Avenue**

17. (a) **Burial** (b) Date thereof **3 6 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cem.**

18. (a) Signature of funeral director **Wacker, Haldick & Co.**
(b) Address **3634 Gravois Avenue**

19. (a) **MAR 15 1943** (b) **J. J. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4410 Grace Avenue**
(If rural, give location)
(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3**
year **1943** hour **2** minute **15 P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** Duration

Due to _____
Due to _____

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 **Alfred W. Perry** (M. D. or other) _____
Address **St. Louis** Date signed **3/5/43**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Frank J. Maud.*
Licensed Embalmer No. *2646*
P. O. Address *St. Louis 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.