. S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7634

FILED MAR 1 1943

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 272

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Adm. Feb. 1, 1943 (Specify whether years, months or days)
In this community: unknown

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

3. (a) PRINT FULL NAME: Charles G. Lindgren
3. (b) If veteran, name war: World War #1
3. (c) Social Security No. 487-26-0842
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Bessie
6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: October (Month) 2 (Day) 1889 (Year)
8. AGE: Years 53 Months 4 Days 0 If less than one day hr. min.
9. Birthplace: Minneapolis (City, town, or county) Minnesota (State or foreign country)
10. Usual occupation: Photographer
11. Industry or business:
FATHER 12. Name: Unavailable
13. Birthplace: Unavailable (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unavailable
15. Birthplace: Unavailable (City, town, or county) (State or foreign country)
16. (a) Informant: M. Schulley
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: FEB 4 43 (Month) (Day) (Year)
(c) Place: burial or cremation: NATIONAL CEM.
18. (a) Signature of funeral director: C. Hoffmeister Mort. Co.
(b) Address: 7814 S. Broadway
19. (a) FEB 3 1943 (Date received local registrar) (b) C. G. McSharon M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd, year 1943 hour 2:20 minute A. M.
21. I hereby certify that I attended the deceased from February 1, 1943 to February 2, 1943 that I last saw him alive on February 2, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Syphilitic heart disease with myocardial damage and insufficiency.	Unknown
Due to: Aortitis, syphilitic.	Unknown
Due to:	
Other conditions: Emphysema, pulmonary, bilat. Unkn. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: -
Of autopsy: Autopsy performed. See cause of death.

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): no
(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: GEO. J. EPP, M.D. (M. D. or other)
Address: Acting Chief Medical Officer Date signed: 2/2/43

(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 [signature], Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3472

P. O. Address [signature]

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.