

S. No. 2
1-9-4-41
5-17-39
X29444

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12436**
Registrar's No. **3548**

FILED APR 23 1943 818

Registration District No. _____ Primary Registration District No. **1003**

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

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: **St. Louis City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **19 Days**
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **000 1725**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **908 Franklin** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Leo Anthony Linnebur**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **487-22-7828**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **14**, year **1943** hour **12:20** minute **A.** M.
21. I hereby certify that I attended the deceased from **March 27**, 19**43** to **April 14**, 19**43**
that I last saw him alive on **April 14**, 19**43** and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **LOUISE** 6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **June 7 1884**
(Month) (Day) (Year)

Immediate cause of death **Rheumatic Heart Disease with mitral stenosis**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **None**

8. AGE: Years **58** Months **10** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **St Charles Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **ELEVATOR OPERATOR**

11. Industry or business **Paul Brown Bldg**

12. Name **Frank Linnebur**

13. Birthplace **St Charles Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Bella Neracy**

15. Birthplace **St Charles Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Laura Linnebur**

(b) Address **908 FRANKLIN AVE**

17. (a) **BURIAL** (b) Date thereof **4-16-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery Central Mo Co**

18. (a) Signature of funeral director **J. F. Bredek**
(b) Address **1841 Cass**

19. (a) **APR 15 1943** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

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 **D**
23. Signature **William D. Park** (M. D. or other) _____
Address **1515 Lafayette Avenue**, Date **4/14/43**

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. Allen Davis Jr

Licensed Embalmer No.....

4053

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.