V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

16328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 4 1943

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4690

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 2815 Henrietta
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 23

(c) City or town Saint Louis 9 V
(If outside city or town limits, write "RURAL")

(d) Street No. 2815 Henrietta
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -- 0

3. (a) PRINT FULL NAME FREDERICKA LINDEMANN

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 Widowed 2

6. (b) Name of husband or wife Christian W. Lindemann

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased November (Month) 19 (Day) 1850 (Year)

8. AGE: Years 93 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name Henry Eilor
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. W. Lindemann
(b) Address 2815 Henrietta, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Lutheran Cem.

18. (a) Signature of funeral director C. H. Hoffmeister U & I Co.
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) MAY 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1943 hour 8 minute 30 p. M.

21. I hereby certify that I attended the deceased from May, 1933, to May 19th, 1943
that I last saw her alive on May 16th, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic Insufficiency	6 months
Due to Dropsy	3 weeks
Due to Senile Debility	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none 92a

Of autopsy none

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature August G. Neckman (M. D. ~~or other~~)

Address 4660 Maryland Ave Date signed 5/20/43

(Licensed Embalmer's Statement on Reverse Side)

4660 Md.

Dr Nichman

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 Linus C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.