S. No. 2
M—1-4-41
6-17-3
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19808

FILED JUL 8 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5945

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4441a Clarence Ave.
(If not in hospital or institution, write street number or location)

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

In this community 12 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4441 a Clarence
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DORA LINGENFELTER

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

6. (b) Name of husband Isaac Lingenfelter

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

7. Birth date of deceased October (Month) 29 (Day) 1860 (Year)

8. AGE: Years 82 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business —

FATHER
12. Name Jno Saunders
13. Birthplace Ind. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rosann Hatton
15. Birthplace Ind (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Roy Mcneff
(b) Address 4441a Clarence

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Strait Center Mortuary
(b) Address 4024 Lindell Blvd.

19. (a) JUN 29 1943 (Date received local registrar) J. J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1943 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 26 19 43, to June 27 19 43 that I last saw him alive on June 26 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration ?

Due to

Due to

Other conditions Enteritis — 4 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature Seth P. Smith (M. D.)
Address 4570 Clarence Date signed June 28 '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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed William T Hirons

Licensed Embalmer No. 4819

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.