V. S. No. 2
50M—9-4-41
Rev. 5-17-38
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23224

State File No.

FILED JUL 31 1943

318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6657

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

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:
1605 Ohio Ave /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 23

(c) City or town St. Louis 9 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1605 A. Ohio Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Myrtle Lindhoff

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 Widow 2

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

7. Birth date of deceased September 7 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months ~~8~~ 10 Days ~~14~~ 15 If less than one day hr. min.

9. Birthplace Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Thomas R. Gray
13. Birthplace Iowa /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Knight
15. Birthplace Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Hutton
(b) Address Fulton Missouri

17. (a) Burial (b) Date thereof July 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3020 Lafayette Ave

19. (a) JUL 23 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

JUL 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd
year 1943 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from July 17th 1943 to July 22 1943
that I last saw her alive on July 17th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	?
Due to Diabetes Melitus	1941
Due to	
Other conditions (Include pregnancy within 3 months of death)	

61

Major findings:
Of operations none
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

23. Signature C. G. Wichman (M. D. or other) M.D.
Address 4660 Maryland Ave Date signed 7/22/43

(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.....

Licensed Embalmer No. 2265

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.