

FILED SEP 9 1943

Registration District No. 760

Primary Registration District No. 5592

Registrar's No. 67

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RIVER SIDE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community FLOATER (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2032 Russell Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HERMAN LINNEMANN

3. (b) If veteran, name war NO 3. (c) Social Security No. 702-14-6101

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 22 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk R.R. Yard

MOTHER FATHER
11. Industry or business _____
12. Name Herry Linnemann
13. Birthplace Herrmann
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kappen
15. Birthplace Herrmann
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Linnemann

(b) Address 2032 Russell Blvd.

17. (a) Burial (b) Date thereof 9/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm. C. Maxwell

(b) Address 1926 Alley, Astor

19. (a) August 31, 1943 (b) H. C. Weir
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I held an inquest over
attended the deceased from
Aug. 30, 1943, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death presumably by
drowning in the Mississippi
River

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) do not know

(b) Date of occurrence do not know 050

(c) Where did injury occur? do not know
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
do not know, presumably by drowning in

While at work? do not know (Specify occupation) (City or town) (County) (State)
(e) Means of injury do not know
presumably by drowning

23. Signature N. W. Welch, Jr. (Print name)
City, Mo. (City or town)

Address _____ Date signed 9/30/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1260

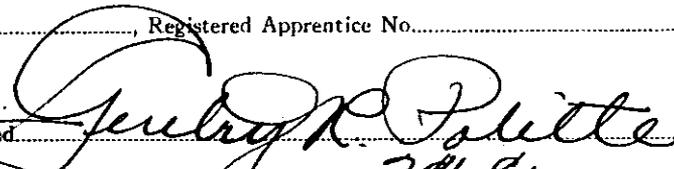
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STATEMENT BY LICENSED EMBALMER

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. 3881

P. O. Address Crystal City, Md.

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.