

FILED AUG 28, 1943

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 1913

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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) one year - 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Manchester
(If outside city or town limits, write "RURAL")
(d) Street No. Pine Crest Nursing Home
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Henry Lindhorst

3. (b) If veteran Henry H Lindhorst (c) Social Security name war _____ No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased March 8 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 13 hr. _____ min.

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

10. Usual occupation Laborer Unemployed

11. Industry or business _____

12. Name William Lindhorst

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

14. Maiden name Marie Bardelaben

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

16. (a) Informant Chas Lindhorst

(b) Address 7310 Vermont

17. (a) Burial (b) Date thereof Aug 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Trinity Luth Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home

(b) Address 1936 St Louis Ave

19. (a) AUG 24 1943 (b) C. L. Mc...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1943 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from May 5th, 1943, to August 21st, 1943

that I last saw him alive on August 21st, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____

Due to _____

Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 930

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? _____

(e) While at work? _____ (Specify type of place)
(f) Means of injury _____

23. Signature R. M. ... (M. D. or _____)

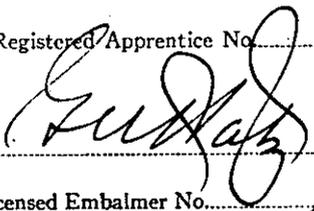
Address Manchester Mo Date signed 9/23/43

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

17600

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..... ³⁷³⁷
P. O. Address..... 1936 St. Louis Ave

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.