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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30151

FILED OCT 2 - 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8464

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: 5871a Page Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6

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

(d) Street No. 5871a Page Ave. 000 17
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ROSE M. LINDEMANN.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward A. Lindemann.

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased July 9, 1874.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	2	14	hr. min.

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

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Peter Naumann.
13. Birthplace ? (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Diel.
15. Birthplace ? (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Mrs. Edna Ledbetter.

(b) Address 5871a Page Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27, 1943. (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) SEP 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23rd. year 1943 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 26, 1943, to Sept 22, 1943; that I last saw her alive on Sept 20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Colon	1 yr +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy no 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 Wm J Langan Jr (M. D. or other)

Address 5803 Plymouth Av Date signed Sept 23/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. W.J.Langan.
5803 Plymouth Ave.
12 to 1 P.M.
Cabanny 0220

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 Ben Hoffman Jr, Registered Apprentice No. 346, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 837

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.