

FILED FEB 18 1944

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
2035a E. Gano Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jacob Linsin
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Margaret Keim Linsin
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: August 10, 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation: Stone setter

11. Industry or business _____

MOTHER FATHER
12. Name Fred Linsin
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Dickemper

(b) Address 2035a E. Gano Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/44
(Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) _____ (b) J. F. Brueck
(Date of burial or registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2035a E. Gano Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th
year 1944 hour 8:25 AM minute _____ M.

21. I hereby certify that I attended the deceased from 2-20
_____, 1942 to 2-10, 1944
that I last saw him alive on 2-2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Septicemia

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) _____
(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 W. E. Morris (M. D. or _____)
Address 4805 W. Florissant Date signed 2-11-44

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

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.....

Willard S. Burnley

Licensed Embalmer No.....

4302

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.