

FILED MAR 27 1944
Registration District No. **318**

Primary Registration District No. **1003**

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:
Enroute City Hospital #1 3
(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)

In this community 51 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank L. Linhoff

3. (b) If veteran, name war World War #1

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased _____ 1893
(Month) (Day) (Year)

8. AGE: Years abt. 51 Months 0 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 nil

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

15. Birthplace un known unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Etta Terzie

(b) Address 2627 Montgomery St

17. (a) burial
(Burial, cremation, or removal) (b) Date thereof 3-23-44
(Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks Mo.

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) MAR 22 1944 J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 920
(If outside city or town limits, write "RURAL")

(d) Street No. 2568 Warren St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20
year 1944 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 Septicemia of liver
Due to _____

Due to _____

Other conditions 1/24
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

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

23. Signature Thomas J. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 3-22-44

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 Marie A. Cashion
Licensed Embalmer No. 3949
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.