

FILED NOV 30 1944

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County... **St. Louis**

(b) City or town... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2860 S. Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **60 Years**
(Specify whether years, months or days)

In this community... **60 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Caroline Lindauer**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **4 1862**
(Month) (Day) (Year)

7. Birth date of deceased **July 4 1862**
(Month) (Day) (Year)

8. AGE: Years **82** Months **4** Days **10** If less than one day **hr. _____ min. _____**

9. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Grau**

13. Birthplace **Unknown ?**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown ?**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marie Schaab**
(b) Address **3529a Giles Ave.**

17. (a) **Burial** (b) Date thereof **Nov. 17, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthew Cemetery**

18. (a) Signature of funeral director **Wacker Riederle**
(b) Address **3634 Gravois Ave.**

19. (a) **NOV 16 1944** (b) **J. F. Redel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mo. 17**

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

(d) Street No. **2860 So. Jefferson**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **14** 19**44** year **1944** hour **11** minute **15** A. M.

21. I hereby certify that I attended the deceased from **October 31** 19**44** to **November 14** 19**44**
er **November 14** 19**44**
that I last saw h_____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **6 hrs**

Due to **Myocarditis** **2 wks**

Due to **Congestion of Lungs** **2 wks**

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

Major findings: **None**

Of operations _____

Of 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? _____

While at work _____ (Specify type of place) (e) Means of injury **M.D**

23. Signature **Chas Simpson** (M. D. or other) **M.D**
Address **3739 Gravois** Date signed **11/16/44**

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..... *Frank J. [unclear]*.....

Licensed Embalmer No. *2675*.....

P. O. Address..... *St. Louis*.....

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.