. S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1944

Registration District No. 518

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39556

Primary Registration District No.

Registrar's No. 10882

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:
4333a Gibson Ave
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 4333a Gibson Ave
(If rural, give location)

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

If yes, name country //

3. (a) PRINT FULL NAME Samuel Oscar Ling

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Myrtle

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May (Month) 10 (Day) 1886 (Year)

8. AGE: Years 58 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)

10. Usual occupation watchman

11. Industry or business Independent Packing Co

FATHER
12. Name Simon Ling
13. Birthplace Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lutitia Unknown
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Ling
(b) Address 4333a Gibson

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12 22 44 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway

19. (a) DEC 21 1944 (Date received local registrar) (b) J. F. Bricker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1944 hour 4.30 PM minute M.

21. I hereby certify that I attended the deceased from March 28, 1944, to May 26, 1944, that I last saw him alive on Dec 15, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris & High Blood pressure

Due to

Due to

Other conditions
(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) (e) Means of injury

23. Signature Robert R. Roth (M. D. or other) D.C.

Address 4341 Manchester Date signed 12-26-44

DEC 27 1944

(Licensed Embalmer's Statement on Reverse Side)

Dr Roth

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 Edwin D Mc Dermott

Licensed Embalmer No. 3024

P. O. Address.....

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.