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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

FILED JUL 28 1945

State File No. 22214

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6294

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:
St. Johns Hospital 6
(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 Missouri (b) County St. Louis 96

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 6283 Creston Ave. NR.
(If rural, give location)

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

3. (a) PRINT FULL NAME Berndt E. Linrothe

3. (b) If veteran, name war No

3. (c) Social Security No. 707-07-6536

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Elma J. Linrothe

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

7. Birth date of deceased January 25, 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	5	24	hr. min.

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

10. Usual occupation Chief Clerk

11. Industry or business Burlington R.R.

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elma J. Linrothe
(b) Address 6283 Creston Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) JUL 21 1945 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1945 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from 6-16- 1945 to 7-19 1945 that I last saw him alive on 7-19- 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Antecedent Sclerotic Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Humboldt Bldg. Date signed 7-20-45

(Licensed Embalmer's Statement on Reverse Side)

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 Calvin F. Fritz

Licensed Embalmer No. 2927

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.