

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28153

Registrar's No. 224

FILED AUG 28 1945
Registration District No. 4408

Primary Registration District No. 4408

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME ERNEST C LINDEMAN

3. (b) If veteran, name war _____ 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 Cora 6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased Nov 1 - 1914 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 9 19 hr. min.

9. Birthplace Smithton Pettis Co Mo (City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Claus Lindeman

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

14. Maiden name Eugenia Monahan

15. Birthplace Smithton Mo (City, town or county) (State or foreign country)

16. (a) Informant Mrs Cora Lindeman

(b) Address Smithton Mo

17. (a) Burial (b) Date thereof 8-22-45 (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director A. F. Heinecker

(b) Address Smithton Mo

19. (a) 8-21-45 (b) Dr. R. W. Berger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1945 hour 11:45 minute PM

21. I hereby certify that I attended the deceased from Aug. 20, 1945, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary Thrombus

Due to _____

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

Major findings: Of operations 140

Of autopsy Blood Clot in Coronary artery

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) _____

(e) Means of injury _____

23. Signature Dr. R. W. Berger (M. D. or other) D. O.

Address 229 Elgonfair Dr. Bldg. Date signed 8/21/45

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

1022

(Licensed Embalmer's Statement on Reverse Side) Sedalia, Mo

SEP 18 1945

JUN 10 1948

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.....

A. F. Neumeier

Licensed Embalmer No.....

3912

P. O. Address.....

Smithton Ind

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.