

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

**FILED** JAN 5 1946  
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1003

Registrar's No. **11235**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
4011<sup>1/2</sup> Lee  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

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

(d) Street No. 4011<sup>1/2</sup> Lee Ave  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDGAR. A. LINTON, JR.

3. (b) If veteran, name war ✓

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day Dec  
year 1945 hour 12 minute 15 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.

4. Sex male 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased March 3 1906  
(Month) (Day) (Year)

Immediate cause of death Coronary Stenosis; Cardiac Hypertrophy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>9</u>	<u>18</u>	hr. _____ min.

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

9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Machine Operator

11. Industry or business Emerson Elec.

12. Name Edgar A Linton

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

14. Maiden name Alberta Budges

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

16. (a) Informant Alberta Linton

(b) Address 4011<sup>1/2</sup> Lee Ave

17. (a) Burial (b) Date thereof Aug 27 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Prosser and Lund Co.

(b) Address 3710 N Grand Blvd

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signatures: \_\_\_\_\_  
(Specify type of place) (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

2055

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**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.....

*Carl E. Brown*

Licensed Embalmer No. 1578

P. O. Address. 3710 N Grand Bl

**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.