

**FILED** MAY 31 1946  
Registration District No. \_\_\_\_\_

**STANDARD CERTIFICATE OF DEATH**  
1003

18649  
State File No. \_\_\_\_\_  
4560  
Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 mo. 20 days  
(Specify whether  
In this community 50 years  
years, months or days)

3. (a) PRINT FULL NAME CAREY LINDER

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

4. Sex male 2 5. Color or race negro 6. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 29 1880  
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation nil

11. Industry or business nil

12. Name Carey Linder

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

14. Maiden name Allie ?

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

16. (a) Informant City Infirmary

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 5-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Clintie Toney

(b) Address 3129 Levee Ave

19. (a) MAY 21 1946 (b) J. F. Brasch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County cc  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 2577  
(d) Street No. 1023 N. 7th  
(If rural, give location) 9  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1946 hour 9 minute 05 AM.

21. I hereby certify that I attended the deceased from December, 1945  
19 \_\_\_\_\_ to May 17, 1946 19 \_\_\_\_\_  
that I last saw him alive on May 17, 1946 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Luetic cardio vascular disease. Duration unknown

Due to \_\_\_\_\_  
Organic brain disease 2 yrs.

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 Patricia Prueitt Bowditch (M. D. or other) \_\_\_\_\_

Address 5800 Arsenal St. Date signed 5-18-46

No Embalming  
from City Infirmary  
to Cemetery

4560

**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.....

Licensed Embalmer No.....

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.**