

No. 2  
-12-45  
5-17-39  
X47070

**FILED MAR 14 1947**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

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:  
**3438 Russell Blv'd.**  
(If not in hospital or institution, write street number or location)

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

In this community **40** years, months or days  
(Specify whether)

3. (a) PRINT FULL NAME **William H. Lindae**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **---**

4. Sex **M** Color or race **W**

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

6. (b) Name of husband or wife **Eola A. Lindae**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Sept. 30 1884**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **4** Days **4**  
If less than one day

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

10. Usual occupation **Retired executor**

11. Industry or business **Machinist**

MOTHER FATHER { 12. Name **Gustav Lindae**

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

14. Maiden name **Dorothy Unknown**

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

16. (a) Informant **Mrs. Eola A. Lindae**

(b) Address **3438 Russell Blv'd.**

17. (a) **Cremation** (b) Date thereof **3/7/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **White Funeral Home**

(b) Address **Ferguson, Missouri**

19. (a) **MAR 5 1947** (b) **J. F. Braddock**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **ood**

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

(d) Street No. **3438 Russell Blv'd.**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4**  
year **1947** hour **7** minute **45** P.M.

21. I hereby certify that I attended the deceased from **9/24/42**, 19 to **3/4**, 1947  
that I last saw him alive on **3/4/47**, 19  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocarditis**

Due to **Coronary Sclerosis**

Due to **Cerebral hemorrhage**

Other conditions **Arterio sclerosis**  
**Diabetes mellitus**  
**Hypertension**

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

Of autopsy **61**

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) (c) Means of injury

23. Signature **W. H. Olmsted** (M. D. or other) **3/5/47**

Address **3720 Washington** Date signed \_\_\_\_\_

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

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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..... *Randy M. Shulte*

Licensed Embalmer No. *3973*

P. O. Address..... *Jerguson, 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.**