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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7429

Primary Registration District No. 6076

Registrar's No. 173

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Des. Peres
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None, Highway # 50
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Des. Peres
(If outside city or town limits, write "RURAL")
(d) Street No.: Highway #50 Des. Peres Rd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Gottlieb F. Lindemann
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sophia Schinzing Lindemann
6. (c) Age of husband or wife if living: 56 years
7. Birth date of deceased: Aug. 20 1884 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	6	22	hr. min.

9. Birthplace: St. Louis Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Highway Dept.
11. Industry or business: St. Louis Co.
12. FATHER Name: Henry Lindemann
13. FATHER Birthplace: ? (City, town, or county) Mo. (State or foreign country)
14. MOTHER Maiden name: Mary Clamors
15. MOTHER Birthplace: St. Louis Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Sophia Lindemann
(b) Address: Kirkwood Mo. R.R.-1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 15-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Paul Cem. Des. Peres Mo.
18. (a) Signature of funeral director: Schrader Funeral Home
(b) Address: Ballwin, Mo.
19. (a) 3-14-47 (Date received local registrar) (b) Ruth L. Allen M.D. (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. day: 12 year: 1947 hour: 2 minute: 45 A. 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.

Immediate cause of death: Coronary occlusion — Duration
Due to: 94a
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: See cause of death

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: 0
23. Signature: Ruth L. Allen (M. D. or other)
Address: Actg. Commissioner of Health Date signed: 3-14-47

(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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Bellevue, 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.