

S. No. 2
M-12-45
v. 5-17-39
I X47079

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

11196

State File No.

FILED MAR 31 1947
Registration District No. 318

Primary Registration District No.

Registrar's No. 2923

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

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:
3408 ST. VINCENT AV. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ood
(c) City or town ST. LOUIS 1717
(If outside city or town limits, write "RURAL")
(d) Street No. 3408 ST. VINCENT AV. 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Sophia M. LINDEMANN
3. (b) If veteran, name war NO
3. (c) Social Security No. NO.

4. Sex FEMALE 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ALBERT W. LINDEMANN alive 73 years
6. (c) Age of husband or wife if
7. Birth date of deceased. MAY 9 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 8 hr. min.

9. Birthplace Quincy ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE KEEPER

11. Industry or business OWN

MOTHER FATHER
12. Name HENRY ALTUS
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
14. Maiden name MARTINA SCHWEIKET
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Albert W. Lindemann
(b) Address 3408 ST. VINCENT AV.

17. (a) BURIAL (b) Date thereof MARCH 19-47
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. P. & Paula Cem.

18. (a) Signature of funeral director E. J. Schmir
(b) Address 3125 Lafayette Av.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1947 hour 1 minute 45 AM
21. I hereby certify that I attended the deceased from
3/10/47 to 3/17, 1947
that I last saw him alive on 3/16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to.....
Due to.....
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
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) (Means of injury)
23. Signature W. C. Jones (M. D. or other)
Address 3012 Lafayette Date 3/17/47

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.....

Joseph Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave 4*

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.