

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3880**

1. PLACE OF DEATH:

(a) County None
(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: Midwestern Medical Center
(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 Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 1, Portageville, Mo. NRO
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELMO LINEBERRY

3. (b) If veteran, name war World War II 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased aug. 4, 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>8</u>	<u>43</u>	hr. min.

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

10. Usual occupation clerk in hardware store

11. Industry or business Hardware store

12. Name John L. Lineberry

13. Birthplace Corrent Hardin Co. Tenn. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alice Warren

15. Birthplace Wagner Co. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant J.L. Lineberry

(b) Address Portageville, Mo.

17. (a) Burial (b) Date thereof 4-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 13 1947 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 1947 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from march 28, 1947, to April 12, 1947, that I last saw him alive on April 12th, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Duration 7 days

Due to (cause unknown)

Due to MI

Other conditions: hypertension, secondary
(Include pregnancy within 3 months of death) Duration 30 days

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) _____ Means of injury _____

23. Signature J. Marshall M.D. (M. D. or other) _____
Address 31630 Macmillan Blvd Date signed 4/12/47

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

JUL 29 1947

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 Oliver R. Cadwell

Licensed Embalmer No. 4077

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.