

S. No. 2  
M-5-42  
7-5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15347**  
Registrar's No. **4434**

FILED MAY 9 1947

1003

Registration District No. \_\_\_\_\_ Primary Registration District 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:  
**4281 San Francisco Ave;**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community **10 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County \_\_\_\_\_

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

(d) Street No. **4281 San Francisco Ave**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Alma Linkenmeyer**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1**  
year **1947** hour **3** minute **A.** M.

4. Sex **Female** 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 **Single** years

7. Birth date of deceased **May 12 1878**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 9<sup>th</sup> 1947** to **MAY 1<sup>st</sup> 1947**  
that I last saw her alive on **APRIL 25<sup>TH</sup> 1947**  
and that death occurred on the date and hour stated above.

8. AGE: Years **68** Months **10** Days **19** If less than one day hr. min.

Immediate cause of death  
**Coronary Occlusion** **9 MONTHS**

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

Due to **Arterio Sclerosis** **2 years**

10. Usual occupation **Housewife**

Due to \_\_\_\_\_

Other conditions **PH**  
(Include pregnancy within 3 months of death)

11. Industry or business **Home**

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

PHYSICIAN  
Underline the cause to which death should be charged statistically.

12. Name **Wm. Linkenmeyer**

13. Birthplace **St. Louis MO.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Johanna Burger**

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

16. (a) Informant **Mrs. Carl Braun (Sister)**

(b) Address **4281 San Francisco Ave.**

17. (a) **Removal (Train)** Date thereof **5/2/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jeffers on City, MO.**

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 **Belmi J. Ehrlich** (M. D. or other) **MD.**  
Address **3635 N. Huron** Date signed **5/4/47**

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

MOTHER FATHER

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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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. A. Smathers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

**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.