No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

19084

State File No.

FILED JUN 5 1947

Registration District No. 318

Primary Registration District No.

Registrar's No. 5198

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County 003

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3960a Fillmore 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Helen Lindhorst

3. (b) If veteran, name war ----- 3. (c) Social Security No. none

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

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

7. Birth date of deceased July 8th, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	14	hr. min.

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

10. Usual occupation home

11. Industry or business

FATHER
12. Name Leopold Matt
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Adolph E. Lindhorst
(b) Address 2305 Brown Rd., Overland, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Church Yard

18. (a) Signature of funeral director Wacker-Helderle U. & L.C.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAY 26 1947 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1947 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from 4-10-47, 19, to 5-22-47, 19; that I last saw her alive on 5-22-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Cervix	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): arteriosclerosis - general	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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

23. Signature Theo. H. Hanser (M. D. or other) M. D.
Address 3651 Grandel Sq. Date signed 5/24/47

Theo. H Hanser

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

Jefferson City Printing Co.

(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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis 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.