S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1947

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 25791

Registrar's No. 6454

1. PLACE OF DEATH: 318

(a) County: St, Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to City Hospital #1 3

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

(d) Length of stay: In hospital or institution 24 hours (Specify whether years, months or days)

In this community: life

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17

(If outside city or town limits, write "RURAL")

(d) Street No.: 1505 South Seventh Street 9

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 23 d

If yes, name country

3. (a) PRINT FULL NAME: FREDERICK LINK

3. (b) If veteran, name war: nil

3. (c) Social Security No.:

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: M 1

6. (b) Name of husband or wife: Mary

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: July 27, 1881 (Month) (Day) (Year)

8. AGE: Years 65 | Months 11 | Days 5 | If less than one day hr. 0 min.

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

10. Usual occupation: Maintainance Man

11. Industry or business: 9181

MOTHER FATHER

12. Name: unknown

13. Birthplace: (City, town, or county) (State or foreign country)

14. Maiden name: Margaret Pabdst 4 11

15. Birthplace: ? (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Margaret Link

(b) Address: 1505 South Seventh Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 7-5-47 (Month) (Day) (Year)

(c) Place: burial or cremation: New St. Marcus Cemetery

18. (a) Signature of funeral director: A.W. McLaughlin

(b) Address: 2301 Lafayette Avenue

19. (a) JUL 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1947 hour 8 minute 10 P.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: Second and Third degree burns over the entire body sustained in an explosion and fire in a basement at 1330 Sheridan Street around 4:30 P.M. July 1st 1947 due to SEEPAGE of gasoline into the dirt basement of the above location. Damage to Building $300.00 Contents $200.00 — Duration

Other conditions: (Include pregnancy within 3 months of death)

Cause and Manner of Death could not be determined. The Jury further recommends the Department of Public Safety City of St. Louis investigate the source of SEEPAGE

Due to (or as a consequence of)

Due to (or as a consequence of) (Interval between onset and death)

Operations: Date of operation:

Findings of operation:

Was autopsy performed?

Did operation contribute to death?

Was death due wholly or partly to external cause (violence) or poisoning:

(a) Accident, suicide, or homicide (specify): Open Verdict

(b) Date of occurrence: July 1st 1947 (c) Where did injury occur? St. Louis City (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: Burns above

23. Signature: (M. D. or other) PHYSICIAN

Address: Date signed 7/9/47

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

(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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.