S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33552

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10144

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 City Hospital
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4271 Kossuth Ave. 9
(If rural, give location) 10 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry C. Linnenbom
3. (b) If veteran, name war -
3. (c) Social Security No. 489-03-0425

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Helena Schramm Linnenbom
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 19 (Day) 1874 (Year)

8. AGE: Years 73 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Baltimore (City, town, or county) - Maryland / (State or foreign country)
10. Usual occupation Inspector
11. Industry or business Tin Mfgr.
MOTHER
12. Name Christ. Linnenbom
13. Birthplace Maryland / (City, town, or county) (State or foreign country)
FATHER
14. Maiden name Katherine Barnes
15. Birthplace Maryland / (City, town, or county) (State or foreign country)
16. (a) Informant Helen Benner
(b) Address 4271 Kossuth Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.
19. (a) NOV 3 1947 (Date received local registrar) (b) J. B. Bridges (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 1 year 1947 hour 7 minute 30 A M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Duration
2 Cerebral Hemorrhage 3 Compound Fracture left leg, when he was struck by a automobile driven by one Sidney Wellington Crozier at the intersection of Delmar and Sumner Ave. around 1:30 P.M. Nov. 31, 1947
Other conditions (Include pregnancy within 3 months of death)
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) Accident
(b) Date of occurrence Oct 31, 1947
(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) Public Street
While at work? (e) Means of injury Motor Car
23. Signature Patrick E. Taylor Dep Cor
Address 1300 Clark Date signed 11-3-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Copy

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. Ben Hoffman

Licensed Embalmer No. 4366

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.