

FILED NOV 29 1947

6076

2441

Registration District No. 367

Primary Registration District No.

1. PLACE OF DEATH:

(a) County..... **SAINT LOUIS**

(b) City or town..... **NORTHWOODS 20, MISSOURI**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4423 JUNE AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community..... **LIFE** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MISSOURI** (b) County..... **ST. LOUIS** 96

(c) City or town..... **NORTHWOODS** 0
(If outside city or town limits, write "RURAL")

(d) Street No..... **4423 JUNE AVENUE** 0
(If rural, give location)

(e) Citizen of foreign country?..... **NO** (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME **MRS. MINNIE LINDHORST**

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

3. (c) Social Security No.

4. Sex..... **FEMALE** 5. Color or race..... **WHITE**

6. (a) Single, widowed, married, divorced..... **WIDOWED**

6. (b) Name of husband or wife..... **LATE FRED LINDHORST**

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

7. Birth date of deceased..... **JANUARY 7th, 1869**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **25th**
year **1947** hour **3** minute **20** A.M.

21. I hereby certify that I attended the deceased from **Jan 20** 19 **43** to **Nov 75** 19 **47**
and that I last saw him alive on **Nov 75** 19 **47**
and that death occurred on the date and hour stated above. Duration

8. AGE:

Years	Months	Days	If less than one day
78	10	18	hr. min.

Immediate cause of death:
acute coronary thrombosis
chronic rheumatic fever

Due to.....

Due to..... **hypertension & heart disease**

Other conditions.....
(include pregnancy within 3 months of death)

9. Birthplace..... **MISSOURI** 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... **HOUSEWORK**

11. Industry or business.....

12. Name..... **SITTNER** 9

13. Birthplace..... **UNKNOWN** 9
(City, town, or county) (State or foreign country)

14. Maiden name..... **UNKNOWN** 9

15. Birthplace..... **UNKNOWN** 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... **MR. CLIFFORD DAVIES**
(b) Address..... **4423 JUNE AVE., NORTHWOODS, MO.**

17. (a) **BURIAL** (b) Date thereof..... **11/28/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **NEW BETHLEHEM CEMETERY**

18. (a) Signature of funeral director..... **CALVIN F. FEUTZ**
(b) Address..... **4828 NATURAL BRIDGE BOULEVARD**

19. (a) **11-28-47** (b) *Calvin F. Feutz*
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings:
Of operations..... **932**

Of autopsy.....

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..... *Calvin F. Feutz*
Address..... **6672 Lillian** Date signed..... **11/30/47**

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

MOTHER FATHER

6623
10:30 am to 12:00 pm
Wednesday
William A. ...

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..... *Ralph C. Linden*

Licensed Embalmer No. *4225*

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.