No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10406

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3271

1. PLACE OF DEATH:
(a) ~~County~~: St. Louis
(b) City or town: ~~Jennings~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pronounced dead at City Hospital
(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 3 yrs. 2

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Jennings 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7058 Florence Place 0
(If rural, give location)
NR
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME: Joseph F. Lindhorst
3. (b) If veteran, name war: Nil
3. (c) Social Security No. 489-05-2058

4. Sex: Male 0
5. Color or race: White 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Emma Lindhorst
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: June (Month) 11 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	9	21	..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 1
10. Usual occupation: Sheet Metal Worker
11. Industry or business: Holland Furnace Co.

FATHER
12. Name: Joseph Lindhorst 4
13. Birthplace: Unknown (City, town, or country) Germany (State or foreign country)

MOTHER
14. Maiden name: Phoebe Wallhauser
15. Birthplace: Mascoutah (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Emma Lindhorst
(b) Address: 7058 Florence Pl. Jennings, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial Park
18. (a) Signature of funeral director: Suedmeyer & Sons
(b) Address: 3934 N. 20th St.
19. (a) APR 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1948 hour 3 minute 50 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.

	Duration
Immediate cause of death: Coronary Occlusion; Coronary Sclerosis	
Due to: A	
Due to: 9H	
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) .....
(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 3
23. Signature: Alfred Perry (M.D. or other)
Address: Jefferson City Date signed 4/5/48

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 Neville B. Grohurter

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th 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.