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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24480
Registrar's No. 6243

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Linnemann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5948 Schulte Ave.,
(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 Mo. (b) County 1000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5948 Schulte Ave., 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 7
If yes, name country

3. (a) PRINT FULL NAME Catherine Linnemann
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Henry Linnemann
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 22, 1858. (Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 20 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Bernard Koester
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Koehler
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Francis O'Rourke
(b) Address 5948 Schulte Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15/48. (Month) (Day) (Year)
(c) Place: burial or cremation Florissant, Mo. Sacred Heart Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) JUL 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1948 hour 11.10 minute P.M. M.
21. I hereby certify that I attended the deceased from April 13, 1948, to July 12, 1948
that I last saw her alive on July 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) no
(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 Bruce A. Mountjoy (M. D. or other) M.D.
Address 4032 W. Florissant Ave. Date signed 7/13/48

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

DR, Grace Mountjoy
4032 W. Florissant Ave.,
GO. 2820

27 1954

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 Albert E. Hoppe

Licensed Embalmer No. 2471

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.