FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

27579
State File No.

FILED AUG 23 1948
Registration District No. [illegible]

Primary Registration District No. 1003

7095
Registrar's No.

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 4231 BOTANICAL 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 MISSOURI (b) County one

(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4231 BOTANICAL AVE 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME LINA CARTALL

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased DEC. (Month) 6 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
71	8	6	hr. min.

9. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

MOTHER
12. Name GEORGE BUENTE
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

FATHER
14. Maiden name AUGUSTA KIEL
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ELIZABETH EGGEMAN
(b) Address 4231 BOTANICAL AVE

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof AUG 13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director Wm J. Robt L. + M. Co
(b) Address 1905 So. Grand Blvd.

19. (a) AUG 13 1948 (Date received local registrar) (b) J. T. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 12 11
year 1948 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from July 1- 46, 19, to Aug 11, 1948, that I last saw h. alive on Aug 11 - 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chr.	2 yrs.
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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

23. Signature W. E. Hennerich (M. D. or other) MD
Address 563 Enright Date signed 8-17-48.

W. E. Hennerich

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ronald O Yahnke

Licensed Embalmer No. 3917

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.