

No. 300  
-10-47  
-17-39  
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MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31201

FILED SEP 24 1948

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **8090**

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:  
1411 Farragut  
(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 St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1411 Farragut  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gustav F. Linhardt

3. (b) If veteran, name war None 3. (c) Social Security No. 430380070

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Augusta M. 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August 29 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 0 14 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Factory Repr.

11. Industry or business Glass Container

12. Name William Linhardt

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Schaeperkoetter

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Augusta Linhardt

(b) Address 1411 Farragut

17. (a) Cremation (b) Date thereof 9/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Provost Undertaking Co.

(b) Address 3710 N. Grand Blvd.

19. (a) SEP 15 1948 (b) J. J. Brown  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13  
year 1948 hour 3 minute 00 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.

Immediate cause of death Coronary Thrombosis; Arteriosclerosis. Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
*9/16/48*

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to 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 Car  
Signature G. Taylor (M. D. or other) \_\_\_\_\_  
Address 1300 Clark Date signed 9-15-48

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

MOTHER FATHER

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**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 Mayfield*

Licensed Embalmer No. *3077*

P. O. Address.....

**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.**