No. 300
I—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41633

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10751

1. PLACE OF DEATH:

(a) County ST. LOUIS MO

(b) City or town ST. LOUIS MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ENROUTE ST. LOUIS, CITY HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 097

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

(d) Street No. 3519a DELOR (If rural, give location)

15

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

If yes, name country

3. (a) PRINT FULL NAME EDWARD P. J. LINN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband~~ or wife MAGGIE

6. (c) Age of ~~husband~~ or wife if alive 65 years

7. Birth date of deceased DECEMBER 4 1878 (Month) (Day) (Year)

8. AGE: Years 70 Months - Days 7 If less than one day hr. min.

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

10. Usual occupation WATCHMAN

11. Industry or business AMERICAN CAR FOUNDRY

FATHER
12. Name ADAM LINN
13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name KATHERINE KESSLER
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant MAGGIE LINN

(b) Address 3519a DELOR

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 13, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE CEM.

18. (a) Signature of funeral director Thos. Kutis + Son

(b) Address 2906 GRAVOIS ST. LOUIS MO

19. (a) DEC 13 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 11 year 1948 hour 5 minute 05 A 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 Martin Stevens

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 92a

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Patrick E. Taylor (M. D. or other)

Address Deputy Coroner Date signed 11-17-48

(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 Leo J. Rudde

Licensed Embalmer No. 3989

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.