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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42093

FILED DEC 31 1948
Registration District No. 27

Primary Registration District No. 6076

Registrar's No. 2907

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Devaney Village
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Normandy Osteopathic Hospital
(If not in hospital or institution, write street number or location)

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

In this community Life
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. 8540a Church Rd.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Blanche M. Linnemann

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1948 hour 3 minute 08 a.m.

21. I hereby certify that I attended the deceased from November 29,
1948 to December 6, 1948
that I last saw her alive on December 5, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Lawrence (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: March 12 1899
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

49 8 25 hr. _____ min. _____

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

10. Usual occupation: Housewife

Major findings:
Of operations: Cholelithiasis
Possible laceration of head of pancreas

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Martineau

13. Birthplace St. Charles Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Twellmann

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

16. (a) Informant Lawrence H. Linnemann

(b) Address 8540a Church Rd.

17. (a) Burial (b) Date thereof 12-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.
2161 E. Fair Ave

(b) Address _____

19. (a) 12-7-48 (b) Thurid Linnemann
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury Q

23. Signature J. P. Stewart (M. D. or other) 80
Address 1429 Hodson Date signed 12-6-48

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.....
.....
Licensed Embalmer No. 4392
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.