

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 7005

00231

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6476 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Co. Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rock Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Home</u>		d. STREET ADDRESS (If rural, give location) <u>Imperial, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry C.</u> b. (Middle) <u>Lindwedel</u> c. (Last) <u>Henry C. Lindwedel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29, 1949</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 15, 1868</u>
9. AGE (In years last birthday) <u>80</u>		10. MONTH (Day) (Year) <u>11 14</u>	11. IF UNDER 1 YEAR (Specify) <u>11 14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Arnold, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13. FATHER'S NAME <u>John Lindwedel</u>	
13b. MOTHER'S MAIDEN NAME <u>Caroline Lindwedel</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Lindwedel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bertha Lindwedel Kimmswick</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Family</u>			
DUE TO (c) <u>93d</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>123</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 7, 1949</u> , to <u>Jan 29, 1949</u> , that I last saw the deceased alive on <u>Jan 24, 1949</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. F. Morkin M.D.</u>		23b. ADDRESS <u>3507 Potomac</u>	23c. DATE SIGNED <u>1-21-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 31</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beck Lutheran Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Beck, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-31-49</u>	REGISTRAR'S SIGNATURE <u>Therese B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>7 Howe Kimmswick Mo</u>	

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

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APR 13 1949

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arthur W. Heiligstein  
Licensed Embalmer No. 3872

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.