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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 5 1949

State File No. 13941

Registrar's No. 3635

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1004		Registrar's No. 3635	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. John's Station			
d. FULL NAME OF HOSPITAL OR INSTITUTION State Sanitarium				d. STREET ADDRESS (If rural, give location) 8724 Crocus Lane			
3. NAME OF DECEASED (Type or Print) CLARA LINSIG			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 21 1949	
5. SEX F. /		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH 8/1/1880	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Work		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Fredonia, Wisconsin	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Nicholas Leonardo Bower		13b. MOTHER'S MAIDEN NAME Ida Alt		14. NAME OF HUSBAND OR WIFE Clarence Linsig	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. O. H. Brockmeier, 8724 Crocus			
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) UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 1949x.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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 Feb 20, 1949, to April 21, 1949, that I last saw the deceased alive on April 21, 1949, and that death occurred at 5:55A m., from the causes and on the date stated above.							
23a. SIGNATURE Jack R. Ridelman				23b. ADDRESS (Degree or title) U 5400 Arsenal St		23c. DATE SIGNED 4/21/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-23/1949		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. APR 22 1949		REGISTRAR'S SIGNATURE J. B. Fusato		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander Sons			

(Licensed Embalmer's Statement on Reverse Side)

6175 - Delmar

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed jos. e. McCulloch
Licensed Embalmer No. 2960

P. O. Address 6145 Dilma

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.