

No. 300
10-48

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27760**
Registrar's No. **F60**

9293
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. F60		
1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) Saint Charles, Mo.			c. LENGTH OF STAY (in this place) 2 Weeks	c. CITY (If outside corporate limits, write RURAL and give township) Florissant			96	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) Route # 2, Box 613,				
3. NAME OF DECEASED a. (First) Charles (Type or Print)			b. (Middle) _____		c. (Last) Lindemann		4. DATE OF DEATH (Month) (Day) (Year) August 23rd, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 26th, 1876		9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Black Jack, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Charles Lindemann			13b. MOTHER'S MAIDEN NAME Caroline Hammondsmith		14. NAME OF HUSBAND OR WIFE Blanche Lindemann nee Pressey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Blanche Lindemann, Rt. 2, Box 613, Missouri				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchial				INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatous DUE TO (c) Carcinoma of Colon				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				16 months
19a. DATE OF OPERATION 7/28/48		19b. MAJOR FINDINGS OF OPERATION Carcinoma of large Colon				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (M.)		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>July</u> , 1944, to <u>August 23, 1949</u> , that I last saw the deceased alive on <u>August 23, 1949</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Paul B. Vatterott M.D.				23b. ADDRESS 10300 So. Church Rd		23c. DATE SIGNED 8/23/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/27/49	24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. 8-31-49		REGISTRAR'S SIGNATURE Harriet Hammett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd., St. Louis, 15, Missouri.				

SEP 8 1954

RECEIVED SEP 10 1949
District Health Officer No. 9,
District File Number.....

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.....

John A. Mullan

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo.

Signed.....
Student Embalmer

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.