

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28295

State File No. 7596

BIRTH NO. _____		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>605 Clara Ave.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31, 1949</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles C.</u> b. (Middle) <u>Linsenmeyer</u> c. (Last)		5. SEX <u>M.</u>		
6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>Jan. 4, 1885</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>		IF UNDER 24 HRS. Hours <u>17</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Art Museum</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Burlington, Iowa</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Charles Linsenmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Schlutzhauer</u>
14. NAME OF HUSBAND OR WIFE <u>Marie Linsenmeyer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Linsenmeyer</u>		ADDRESS <u>605 Clara Ave.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>pneumonia, bronchial</u>		<u>7 days</u>
DUE TO (c) <u>pleural effusion</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>10 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>1108</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>A.P.P. 1</u>
22. I hereby certify that I attended the deceased from <u>Aug 20, 1949</u> , to <u>Aug 31, 1949</u> , that I last saw the deceased alive on <u>Aug 31, 1949</u> , and that death occurred at <u>4:50 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>R. B. Barrett M.D.</u>		23b. ADDRESS (Degree or title) <u>5427 Delmar Blvd</u>		23c. DATE SIGNED <u>9-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) <u>Burlington, Iowa</u>		DATE REC'D BY LOCAL REG. <u>SEP 1 1949</u>		
REGISTRAR'S SIGNATURE <u>J. B. Carter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		
ADDRESS <u>3840 Lindell Blvd.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....  
Student Embalmer

Signed.....

*W.A. Van Matre*

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.