

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31946

State File No.

318

1003

Registrar's No. 8068

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.	
1. PLACE OF DEATH St. Louis, Missouri a. COUNTY Park Lane Memorial Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE Missouri b. COUNTY St. Louis (institution).			
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis Mo.		c. LENGTH OF STAY (in this place) 6 Months		c. CITY (If outside corporate limits, write RURAL and give township) University City		96	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Memorial Hospital				d. STREET ADDRESS (If rural, give location) N.E. 7601 Cornell Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Helen		b. (Middle) E		c. (Last) Linck		4. DATE OF DEATH (Month) (Day) (Year) Sept 16, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH May 28, 1861	
9. AGE (In years last birthday) 88		10. UNDER 1 YEAR Months		11. UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Sandherr		13b. MOTHER'S MAIDEN NAME Marie Shilling		14. NAME OF HUSBAND OR WIFE			
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 ADDRESS Mrs. Edna Sicher 7601 Cornell Ave University			
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) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 6 MOB.	
		ANTECEDENT CAUSES Morbid conditions, if any, being due to (b) Intertrochanteric fracture of left femur.					
		DUE TO (c) none					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to the disease or condition causing death. none					
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) 7601 Cornell, University City, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 18, 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 134 Fell while at home. 134			
22. I hereby certify that I attended the deceased from 3-18- , 19 49 , to 9-16- , 19 49 , that I last saw the deceased alive on 9-16- , 19 49 , and that death occurred at 3:00P m., from the causes and on the date stated above. 20							
23a. SIGNATURE H. Morse (Degree or title)				23b. ADDRESS University Club Bldg.		23c. DATE SIGNED 9-19-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-19-49		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. SEP 19 1949		REGISTRAR'S SIGNATURE J. B. Casati		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son, Inc. 2161 E. Fair Ave			

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 Richard G. Bursley
Licensed Embalmer No. 24397

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.