

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3432

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <u>St. Louis St.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	
c. LENGTH OF STAY (in this place) <u>6 weeks</u>		4607	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOLL NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>511 Alma Ave</u>	

3. NAME OF DECEASED (Type or Print) <u>RUDOLPH FREDERICK LINDHORST</u>			4. DATE OF DEATH <u>Jan. 14 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 27 1853</u>		9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR Months Days Hours Min.	
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		11. BIRTHPLACE (State or foreign country) <u>Melle Hanover Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WM Henry Lindhorst</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Leppold</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Lindhorst</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Catherine L. Busch</u> ADDRESS <u>Webster Grove</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 da</u> <u>491X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile changes (advised)</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)	
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 Dec 15, 1949, to Jan 14, 1950, that I last saw the deceased alive on Jan 14, 1950, and that death occurred at 1:40 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed Herbaugh M.D.</u>		23b. ADDRESS <u>Webster Groves Mo.</u>		23c. DATE SIGNED <u>1/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 16 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>					

DATE REC'D BY LOCAL REG. <u>1-16-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donk</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Undertakings</u> ADDRESS <u>WEBSTER GROVES MO.</u>	
(Licensed Embalmer's Statement on Reverse Side) <u>6.6. Aldrich</u>					

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Wabster Groves

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.