No. 300
10.48

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

FILED APR 10 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 10743

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3050

**1. PLACE OF DEATH**
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place) 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 4016 Cora Avenue

**3. NAME OF DECEASED** (Type or Print)
a. (First) Wilbert
b. (Middle) John
c. (Last) Linnemann

**4. DATE OF DEATH** (Month) (Day) (Year) March 28, 1950

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** March 28, 1916
**9. AGE** (In years last birthday) 34 — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Sheet Metal Worker
**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** Hy. A. J. Linnemann
**13b. MOTHER'S MAIDEN NAME** Edith Janish
**14. NAME OF HUSBAND OR WIFE** Mrs. Almira Linnemann

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No — (If yes, give war or dates of service) None
**16. SOCIAL SECURITY NO.** 494-03-6641
**17. INFORMANT'S SIGNATURE OR NAME** Almira Linnemann, 4016 Cora Avenue — ADDRESS

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the lung with widespread metastases. — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

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.* Diabetes Mellitus. — 5 weeks.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** Grade 4+ Anaplastic Carcinoma (Biopsy of Lymph node.)
**20. AUTOPSY?** YES [X] NO [ ]

**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 [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* March 7, 1950, *to* March 28, 1950, *that I last saw the deceased alive on* March 28, 1950, *and that death occurred at* 4:00P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** J R Bradley (Degree or title) M.D.
**23b. ADDRESS** BARNES HOSPITAL
**23c. DATE SIGNED** 3/28/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** April 1, 1950
**24c. NAME OF CEMETERY OR CREMATORY** Calvary
**24d. LOCATION** (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. APR 1 1950
REGISTRAR'S SIGNATURE J. B. Sasater
**25. FUNERAL DIRECTOR'S SIGNATURE** W. A. Stock — ADDRESS 2117 E. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Frank G. Moore

Signed.....
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.