

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15414**

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

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>914</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Arbor Terrace</b>		c. LENGTH OF STAY (in this place) <b>12Yr's.</b>		c. CITY (If outside corporate limits, write RURAL and give township) 15 TOWN <b>Arbor Terrace</b>		1150			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3846 Oakridge</b>				d. STREET ADDRESS (If rural, give location) <b>3846 Oakridge</b>					
3. NAME OF DECEASED (Type or Print) <b>Marie Linahan</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <b>April 7, 1950</b>		(Month)		(Day)		(Year)			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept 2, 1887</b>			
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>James Dawe</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hickman</b>			14. NAME OF HUSBAND OR WIFE <b>John Linahan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Marie Davis 3846 Oakridge</b>					
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) <b>Chromi Myocarditis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chromi Staphylococci (interstitial)</b>						<b>?</b>	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio-sclerosis</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592X</b>						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) (Min.)		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 <b>Mar 10, 1950</b> , to <b>April 7, 1950</b> , that I last saw the deceased alive on <b>April 7, 1950</b> , and that death occurred at <b>10:32am</b> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Albert Wale M.D.</b>				23b. ADDRESS <b>5322 Helen Ave</b>			23c. DATE SIGNED <b>4/7/50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>		24b. DATE <b>Apr. 10, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>			
DATE REC'D BY LOCAL REGISTRARS SIGNATURE <b>APR 8 1950</b>		REGISTRARS SIGNATURE <b>Herbert R. Donohue</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kelly 7267 Natural Bridge</b>				

In W.C.A.  
5322 HALL  
EV 6880

**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 James A. Sammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.