

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18388
Registrar's No. 4879

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 18388		Registrar's No. 4879					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS Mo				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2239							
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY'S HOSPITAL				23 STREET ADDRESS (If rural, give location) 2512 1/2 CALIFORNIA									
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) —			c. (Last) LINNEMEYER			4. DATE OF DEATH (Month) (Day) (Year) JUNE 1 1950				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 24 1873		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 4 Days 4		IF UNDER 11 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 AT Home		11. BIRTHPLACE (State or foreign country) MISSOURI				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME WILLIAM KEMPER				13b. MOTHER'S MAIDEN NAME MARY WINKER				14. NAME OF HUSBAND OR WIFE FRANK LINNEMEYER					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK LINNEMEYER 2512 1/2 CALIFORNIA							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction								1 day			
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc.: It means the disease, injury, or complication which caused death.											
		DUE TO (b) Chr. Myocarditis - Coronary Atherosclerosis								3 yrs.			
		DUE TO (c) Carcinoma stomach								8 mos.			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anaemia (Secondary)								1 1/2 mos.			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 151K									
21d. TIME OF INJURY		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 Sept 21, 1948, to June 1, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Mr. Jacob L. ... M.D.				23b. ADDRESS 2767 Garrison St.				23c. DATE SIGNED 6-2-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 5 1950		24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo							
DATE RECD BY LOCAL HEALTH DEPT.		REGISTRAR'S SIGNATURE J. B. Pasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Marion							

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

Leo J. Budde

Licensed Embalmer No.

3989

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.