

FILED NOV 24 1950

STANDARD CERTIFICATE OF DEATH

38759

State File No.

BIRTH NO. #116394 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9512

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 OR TOWN St. Louis, Mo.)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis 2229)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 1111 Allen Ave. 0	

3. NAME OF DECEASED (Type or Print) a. (First) RUDOLPH b. (Middle) GEORGE. H. c. (Last) LINKE			4. DATE OF DEATH (Month) (Day) (Year) Nov. 7th, 1950			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1881	9. AGE (In years last birthday) 69	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Huckster		10b. KIND OF BUSINESS OR INDUSTRY Huckster		11. BIRTHPLACE (State or foreign country) Germany 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Linke	13b. MOTHER'S MAIDEN NAME Hulda Kiesling	14. NAME OF HUSBAND OR WIFE Margaret Linke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret Linke, 1111 Allen Ave.

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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Arteriosclerosis</i>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertensive Vascular Disease</i> DUE TO (c)			
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>HH7X</i>

22. I hereby certify that I attended the deceased from 11/3/50, 19, to 11/7/50, 19, that I last saw the deceased alive on 11/7/50, 19, and that death occurred at 6:40 PM m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. B. Sasater, M.D.</i> (Degree or title)	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 11/8/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 10, 1950	24c. NAME OF CEMETERY OR CREMATORY N. St. Marcus Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. NOV 9 1950	REGISTRAR'S SIGNATURE <i>J. B. Sasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros. L. & U. Co. 2929 S. Jeff, Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 A. M. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 3741

P. O. Address 2929 Jefferson

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.