

FILED DEC 2 1950

318
1003
STANDARD CERTIFICATE OF DEATH

38762
State File No. 9024
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH

a. COUNTY _____

b. CITY OR TOWN **Saint Louis**

c. LENGTH OF STAY (in this place) **32 Days**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Saint Johns Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri**

b. COUNTY **St. Louis**

c. CITY OR TOWN **Hathaway Hills**

d. STREET ADDRESS **9214 Astoria Drive**

3. NAME OF DECEASED

a. (First) **Frances**

b. (Middle) **E.**

c. (Last) **Linnemann**

4. DATE OF DEATH **Oct. 24th, 1950**

(Month) (Day) (Year)

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Dec. 26th, 1884**

9. AGE (In years last birthday) **65**

IF UNDER 1 YEAR **9** Months **28** Days

IF UNDER 24 HRS. **_____** Hours **_____** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework**

10b. KIND OF BUSINESS OR INDUSTRY **Own Home**

11. BIRTHPLACE (State or foreign country) **St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **August Yeager**

13b. MOTHER'S MAIDEN NAME **Margaret Rapien**

14. NAME OF HUSBAND OR WIFE **Late Bernard A. 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. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME **Gilbert J. Linnemann**

ADDRESS **9214 Astoria Drive**

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction**

ANTECEDENT CAUSES **Cor. Arteriosclerosis**

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 CONDITIONS¹

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1 Day**

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES 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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **H201**

22. I hereby certify that I attended the deceased from **3-3-1944**, to **10-24-1950**, that I last saw the deceased alive on **10-23-1950**, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Charles J. Keck** (Degree or title) _____

23b. ADDRESS **St. Louis, Mo.**

23c. DATE SIGNED **10-24-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial-Motor**

24b. DATE **10/26/50**

24c. NAME OF CEMETERY OR CREMATORY **Martinsburg, Mo. Cemetery**

24d. LOCATION (City, town, or county) **Martinsburg, Missouri** (State) _____

DATE REC'D BY LOCAL REG. **OCT 24 1950**

REGISTRAR'S SIGNATURE **J. B. Linneman**

25. FUNERAL DIRECTOR'S SIGNATURE **Calvin F. Feutz** ADDRESS **4828 Natural Bridge Blvd.**

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *John A. Mlinar*
Licensed Embalmer No. *4186*

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.