S. No. 300
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FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9772

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (in this place) 41 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elvins, 0940 D
d. STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) c. (Last) LINDHORST

4. DATE OF DEATH (Month) (Day) (Year) April 1, 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 4, 1880
9. AGE (In years last birthday) 70 — If under 1 year: Months 5, Days 27 — 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 —
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Geo A Grine
13b. MOTHER'S MAIDEN NAME Lola Nichols
14. NAME OF HUSBAND OR WIFE Ed. Lindhorst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Ed. P Lindhorst ADDRESS Bonne Terre 436 N. Division Mo

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver — INTERVAL BETWEEN ONSET AND DEATH 6 weeks

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. None 156 A

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) 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* 2-18, 1951, *to* 3-31, 1951, *that I last saw the deceased alive on* 3-31, 1951, *and that death occurred at* 7 A *m., from the causes and on the date stated above.*

23a. SIGNATURE James J Stout (Degree or title) M.D.
23b. ADDRESS Farmington, Mo
23c. DATE SIGNED 4-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 4, 1951
24c. NAME OF CEMETERY OR CREMATORY Park Lawn
24d. LOCATION (City, town, or county) St. Louis Co. (State) Lemay Ferry Road Mo.

DATE REC'D BY LOCAL REG. Apr. 3, 1951
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE C Hoffmeister Und. Co. ADDRESS 7814 So Broadway St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 9 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Harry J. Schumacher

Licensed Embalmer No. 2679

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.