No. 300
10.48

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

21077
State File No.

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 113

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wentzville Rural
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) H. c. (Last) Linnenbringer

4. DATE OF DEATH (Month) June (Day) 4 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 24 1883
9. AGE (In years last birthday) 68 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Schuesberg Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Linnenbringer
13b. MOTHER'S MAIDEN NAME Amelia Dickman
14. NAME OF HUSBAND OR WIFE Celia Wildschuetz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Celia Linnenbringer ADDRESS Wentzville

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate - General — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) uremia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

19a. DATE OF OPERATION Aug 1-50
19b. MAJOR FINDINGS OF OPERATION Carcinoma Prostate /77X
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* July 21, 1950, *to* June 4, 1951, *that I last saw the deceased alive on* June 4, 1951, *and that death occurred at* 10:8 *m., from the causes and on the date stated above.*

23a. SIGNATURE V A Schumder (Degree or title) MD
23b. ADDRESS St Charles Mo
23c. DATE SIGNED 6/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 7-51
24c. NAME OF CEMETERY OR CREMATORY Cappeln Cemetery
24d. LOCATION (City, town, or county) Cappeln (State) Mo

DATE REC'D BY LOCAL REG. June 5 1951
REGISTRAR'S SIGNATURE Francis Hendricks 284
25. FUNERAL DIRECTOR'S SIGNATURE J.E. Pitman Funeral Home ADDRESS Wentzville Mo
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 16 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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Annetta M. Tilman

Licensed Embalmer No. 3055

P. O. Address Wentzville M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.