

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28469**
Registrar's No. **7283**

FILED SEP 7 1951

318

1003

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

1. PLACE OF DEATH a. COUNTY <u>0</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) <u>10 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES 4617</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LUKES HOSPI.</u>			d. STREET ADDRESS (If rural, give location) <u>526 RIDGE AVE.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALLACE P.</u> b. (Middle) <u>LINTHICUM</u> c. (Last) <u>WALLACE P. LINTHICUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-14-AUG-1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY-25-1876</u>		9. AGE (In years last birthday) <u>74</u> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BALLARD CO. KY.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>SLAUGHTER LINTHICUM</u>		13b. MOTHER'S MAIDEN NAME <u>LAYINIA TURK</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE LINTHICUM</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>RETIRED</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W F HENDERSON</u> ADDRESS <u>Webster Grove</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden death & haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perniciou anemia</u> DUE TO (c) <u>Coronary sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>1943</u> <u>1943</u>	
--	--	---	--	--	--	--

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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>540.1</u>

22. I hereby certify that I attended the deceased from Dec. 6, 1943, to Aug. 14, 1951, that I last saw the deceased alive on Aug 14, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. F. Henderson M.D.</u>		23b. ADDRESS <u>3720 Washington Blvd.</u>		23c. DATE SIGNED <u>8-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>AUG-15-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BARDWELL KY.</u>		24d. LOCATION (City, town, or county) (State) <u>BARDWELL KENTUCKY</u>	
DATE REC'D BY LOCAL REG. <u>AUG 15 1951</u>	REGISTRAR'S SIGNATURE <u>W F S</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker - Aldrich</u> ADDRESS <u>Webster Grove</u>			

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 *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Hopston Maine*

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.