S. No. 300
v. 10-48

FILED MAR 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11449

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay Mo.
c. LENGTH OF STAY (in this place) 4 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1204 Telegraph Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2049
d. STREET ADDRESS (If rural, give location) 1923 Mitchell Place 1

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

4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Apr. 18, 1877
9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 8 Days 22 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Retired
10b. KIND OF BUSINESS OR INDUSTRY Dry Goods
11. BIRTHPLACE (State or foreign country) Austria 4
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Abraham Linder
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Etta Linder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Spanish Am.
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Lou Linder-5667 Waterman Ave. ADDRESS

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) Cerebral Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis
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
19b. MAJOR FINDINGS OF OPERATION 334X
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* Oct 21, 1951, *to* 9 Jan, 1952, *that I last saw the deceased alive on* 4 Jan 1952, *and that death occurred at* 2:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE S. Dworken MD (Degree or title)
23b. ADDRESS 1657 So Grand
23c. DATE SIGNED 10 Jan 52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 1/11/52
24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 1-10-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE [illegible] Inc. ADDRESS 5216 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.