

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **3406**
 Registrar's No. **0503**

FILED JAN 28 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0503	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6230 Waterman				d. STREET ADDRESS (If rural, give location) 6230 Waterman			
3. NAME OF DECEASED (Type or Print) a. (First) MABEL b. (Middle) PLOCHMAN c. (Last) LINNEMAN			4. DATE OF DEATH (Month) (Day) (Year) 1 15 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/11/1882		9. AGE (In years last birthday) 70	10. UNDER 1 YEAR Days 10	11. UNDER 1 MIN. Hours 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Oscar E. Plochman		13b. MOTHER'S MAIDEN NAME Emma Rackaway		14. NAME OF HUSBAND OR WIFE Harry A. Linneman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Harry A. Linneman ADDRESS 6230 Waterman			
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <i>Cardiomyopathy</i> <i>Myocardial infarction</i> <i>due to</i> <i>acute nephritis</i> <i>with</i> <i>congestive heart failure</i> <i>and</i> <i>hypertension</i> <i>caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Acute Nephritis 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.					INTERVAL BETWEEN ONSET AND DEATH 25 days
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) (m.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592x					
22. I hereby certify that I attended the deceased from 1/8 , 19 52 , to 1/15/53 , 19 53 , that I last saw the deceased alive on 1/15/53 , 19 53 , and that death occurred at 6:30P m., from the causes and on the date stated above.							
23a. SIGNATURE Donald W. Brubaker (Degree or title) D.C.				23b. ADDRESS 7651 Rannells Ave.		23c. DATE SIGNED 1/16/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/17/53	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. JAN 16 1953		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS Ambruster Mortuary 6633 Clayton Road			

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

Cardiomyopathy
Myocardial infarction
due to
acute nephritis
with
congestive heart failure
and
hypertension
caused death.

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

Ernest W. Spillars

Licensed Embalmer No. *14080*

P. O. Address _____

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.

Ambruster Mortuary

CLAYTON ROAD AT CONCORDIA LANE

St. Louis 17, Missouri

3406



Division of Vital Statistics,
Municipal Courts Bldg.,
Saint Louis 3

Gentlemen:

Item 3 on certificate of death #0503 should read Mabel Plochman Linneman.

Item # ⁷1~~X~~ has a typographical error and the name should read Harry A. Linneman instead of Herry A. Linneman.

Herewith our check for \$3. for six additional copies after the corrections have been made.

Respectfully yours,

Mrs. Helen L. Hughes
Daughter of Mabel Plochman Linneman

State of Missouri
County of St. Louis

Subscribed and sworn to before me this 3rd day of February, 1953

Joseph L. Steudeman
Notary Public. Com. exp. 5/3/55

1953
S-3406