

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41695

State File No.

FILED NOV 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2960</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</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 town) <u>LEMAY Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 YEAR</u>		c. CITY OR TOWN <u>LEMAY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>210 AVE H.</u>				e. STREET ADDRESS (If rural, give location) <u>210 AVE H.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MELVIN</u> b. (Middle) <u>C.</u> c. (Last) <u>LINDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT 26 1924</u>	
9. AGE (In years last birthday) <u>29</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPERVISOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FEDERAL RESERVE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRED LINDER</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHIE SCHOBER</u>		14. NAME OF HUSBAND OR WIFE <u>CATHERINE LINDER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>487-20-825</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CATHERINE LINDER LEMAY Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Insufficiency</u> <u>acute occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Chronic Coronary Insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours.</u> <u>2 yrs.</u> <u>5 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</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) <u>4201</u>			
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?			
22. I hereby certify that I attended the deceased from <u>6-22-1948</u> , to <u>11-15-53</u> , that I last saw the deceased alive on <u>11-15-1953</u> , and that death occurred at <u>3:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edgene H. Edlee M.D.</u>				23b. ADDRESS <u>4971 Chippewa ST</u>		23c. DATE SIGNED <u>11-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BEHOLD</u>		24b. DATE <u>Nov. 18 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/16/53</u>		REGISTRAR'S SIGNATURE <u>Herbert B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Gravoie</u>			

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

DEC 2 1933

4911
J.L. 3770
Chapman

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.....
Signature of Student Embalmer

Signed.....
Samuel C. Bell

Licensed Embalmer No. *4347*

P. O. Address *2906 Howard*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.