

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44341

FILED DEC 16 1953

State File No. 11246  
Registrar's No. 11246

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2 wks</b>	c. CITY OR TOWN <b>Berkeley</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3225 N. Florissant Ave. Little Sisters of Poor</b>			e. STREET ADDRESS (If rural, give location) <b>8621 Martony Lane</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>Frank</b>		c. (Last) <b>Linneman</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 26, 1953.</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 14, 1866</b>		9. AGE (In years last birthday) <b>86</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Florissant, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Bernard Linneman</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Behrens</b>		14. NAME OF HUSBAND OR WIFE <b>Bachelor</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Henry Linneman, Overland, Mo., Mo</b>			
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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Stability Ch. Myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3:30</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None</b>				
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	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) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4222</b>			
22. I hereby certify that I attended the deceased from <b>Nov 11, 1953</b> , to <b>Nov 26, 1953</b> , that I last saw the deceased alive on <b>Nov 23, 1953</b> , and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Ernest H. Howe M.D.</b>			23b. ADDRESS <b>2435 N. Grand Blvd</b>		23c. DATE SIGNED <b>Nov 27, 1953</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>11-28-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Florissant, MO.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>NOV 27 1953</b> <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>White Chapel, Ferguson. Mo</b>			

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

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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 *Eleana Province* .....

Licensed Embalmer No. *3403* .....

P. O. Address *Jennings M* .....

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.