

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10216

State File No.

BIRTH NO. FILED MAR. 31 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2647

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. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4415 So. 37th Street		e. STREET ADDRESS (If rural, give location) 15 4415 So. 37th Street	
3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Josephine c. (Last) Linder			4. DATE OF DEATH (Month) (Day) (Year) March 22, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 24, 1897
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (City and State or Foreign Country) Neelyville, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY At Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Louis J. Linder		13b. MOTHER'S MAIDEN NAME Ida Davis	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles M. Linder - 4415 So. 37th
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart failure</u> ANTECEDENT CAUSES <u>Cardio-renal-vascular disease</u> DUE TO (b) <u>Cardio-renal-vascular disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes Mellitus</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>5 years</u> <u>12 years</u>	
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)	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>Oct 6th 1952</u> , to <u>March 22, 1954</u> , that I last saw the deceased alive on <u>March 21, 1954</u> , and that death occurred at <u>4:10 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter Younger M.D.</u> (Degree or title)		23b. ADDRESS <u>3624 Russell</u>	23c. DATE SIGNED <u>3-23-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <u>Mar. 24, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
DATE REC'D BY LOCAL REG. MAR 23 1954	REGISTRAR'S SIGNATURE <u>Charles Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wacker-Helders - 3634 Gravois Ave.</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.....
Signature of Student Embalmer

Signed *Robert Wheeler*.....

Licensed Embalmer No. *217*.....

P. O. Address *Laurel*.....

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.