

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32581

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 548 Registrar's No. 2372

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Webster Groves		c. LENGTH OF STAY (in this place) 74 yrs.	c. CITY OR TOWN Webster Groves 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: Res. 236 W. Big Bend Rd.		e. STREET ADDRESS (If rural, give location) 236 W. Big Bend Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) FRANK c. (Last) LINDE			4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1954		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1880	9. AGE (In years last birthday) 74 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) Salesman, Retired		10b. KIND OF BUSINESS OR INDUSTRY Day Good Salesman	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Gustave Linde		13b. MOTHER'S MAIDEN NAME Katie Vogt	14. NAME OF HUSBAND OR WIFE Alvina Linde		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no., or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-03-7192	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alvina Linde 236 W. Big Bend Rd. Web. Gr.		

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) Cerebral Hemorrhage (massive)		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General 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	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) 331X
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 **4/23/51** to **10/8/54**, 19___, that I last saw the deceased alive on **Sept 10, 1954**, and that death occurred at **5:02 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John H. King M.D. (Degree or title)		23b. ADDRESS 689 E Big Bend		23c. DATE SIGNED 10/9/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 11, 1954	24c. NAME OF CEMETERY OR CREMATORY St. John's Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. 10/9/54	REGISTRAR'S SIGNATURE Wesley R. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, Inc. 6175 Delmar Blvd.		

(Licensed Embalmer, Signature on Reverse Side)

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

Dr. John V. King
689 E. Big Bend Rd.
Webster Groves, Mo.

↓ 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 *Ben E. Hoffman*.....

Licensed Embalmer No. *4366*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.