

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

8463

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Mo.</b> )		c. LENGTH OF STAY (in this place) <b>7 Yrs. 7 days</b>		c. CITY OR TOWN <b>St. Louis.</b>		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: <b>St. Louis Chronic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>13 5800 Arsenal St.</b>				<b>21390</b>			
3. NAME OF DECEASED (Type or Print) <b>Ida</b>			a. (First)		b. (Middle)		c. (Last) <b>Linn</b>				
4. DATE OF DEATH <b>September 11, -54</b>			4. DATE OF DEATH (Month) (Day) (Year)		4. DATE OF DEATH (Month) (Day) (Year)		4. DATE OF DEATH (Month) (Day) (Year)				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>4-30-1887</b>		9. AGE (In years last birthday) <b>67</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cape Girardeau, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>David Mc Lain</b>			13b. MOTHER'S MAIDEN NAME <b>Julie Strong</b>			14. NAME OF HUSBAND OR WIFE <b>Louis- Deceased.</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Chronic Hospital Records</b>					ADDRESS		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Atherosclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) <b>Hypertensive Cardio Vascular</b>							
				DUE TO (c) <b>Disease.</b>							
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>											
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>4201</b>						
22. I hereby certify that I attended the deceased from <b>Sept. 4, 47/10/54</b> to <b>Sept. 11, 19 54</b> that I last saw the deceased alive on <b>Sept. 11, 19 54</b> , and that death occurred at <b>3:15 P.M.</b> from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>William Eugene Bowditch M.D.</b>					23b. ADDRESS <b>5800 Arsenal Street.</b>			23c. DATE SIGNED <b>9/11/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>9-12-54</b>		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State) <b>Belleville, Ill.</b>				
DATE REC'D BY LOCAL REG. <b>SEP 15 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Gaerdner F.H., Belleville, Ill.</b>					ADDRESS	

5.0 (Licensed Embalmer's Statement on Reverse Side)

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 *J. H. Morris*.....

Licensed Embalmer No. *331*

P. O. Address *St. Louis*

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.