

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39210

9702

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>Missouri</b> b. COUNTY _____			
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>8 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>13 5100 Arsenal St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>REINHARD</b>			b. (Middle) <b>SCHLINKMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 24, 1954.</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct 21 1889</b>	
9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocer (Wholesale)</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Quincy, Ill</b>	
12. CITIZENRY OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>Rev. Wm. Schlinkman</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Wehner</b>		14. NAME OF HUSBAND OR WIFE <b>Selma Iron Schlinkman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Selma Iron Schlinkman</b> ADDRESS <b>3744a Tennis-see</b>			
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.							
<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia- upper &amp; lower lobes right side</b></p> <p>ANTECEDENT CAUSES          Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.          DUE TO (b) <b>Organic brain disease (Chorea)</b></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS          Conditions contributing to the death but not related to the disease or condition causing death.</p>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>4/90x</b>			
22. I hereby certify that I attended the deceased from <b>July 22</b> , 19 <b>46</b> , to <b>Oct. 24</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Oct. 24</b> , 19 <b>54</b> , and that death occurred at <b>1100a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. H. Hovallen M.D.</b>				23b. ADDRESS <b>5100 Arsenal St.</b>		23c. DATE SIGNED <b>10/25/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct 27 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Churchyard</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County, Mo</b>	
DATE REC'D BY LOCAL REG. <b>OCT 26 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F.H. Inc., 1936 St. Louis Av</b>			

(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 .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 45-20

P. O. Address Blau

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