

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9874**  
Registrar's No. **2316**

FILED MAR 31 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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 MO</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>ST. LOUIS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2857 SALENA</b>		e. STREET ADDRESS (If rural, give location) <b>24 2857 SALENA 2247</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>AMELIA</b> b. (Middle) <b>-</b> c. (Last) <b>LINK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 12 1955</b>				
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT. 11 1872</b>	9. AGE (In years last birthday) <b>82</b> If under 1 year: Months Days If under 1 mo. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WIDOW</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>HENRY KASTEN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			
14. NAME OF HUSBAND OR WIFE <b>JOHN LINK (DEC'D)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>CAROLINE KLASING</b>		18. ADDRESS <b>2857 SALENA</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitral Regurgitation Heart</b> ANTECEDENT CAUSES DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b> <b>15 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>410X</b>					
22. I hereby certify that I attended the deceased from <b>November 8 1954</b> , to <b>March 11, 1955</b> , that I last saw the deceased alive on <b>March 11, 1955</b> , and that death occurred at <b>4 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Albert Dreisbarth, M.D.</b> (Degree or title)		23b. ADDRESS <b>3606 Gravois Ave.</b>		23c. DATE SIGNED <b>3-12-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAR. 14 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. MATTHEW CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
DATE REC'D BY LOCAL REG. <b>MAR 14 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kute 2906 Gravois</b> ADDRESS			

**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..... *Leo J. Budde*  
Licensed Embalmer No. *39*  
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.