

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24881

FILED JUL 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1588

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Normandy</u> )	c. LENGTH OF STAY (In this place) <u>3 Months</u>	c. CITY OR TOWN <u>St. Louis</u>	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 <u>Hill Top Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>364 1/2 Natural Bridge</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GUSTAV</u>		b. (Middle) <u>G.</u>	c. (Last) <u>LINDE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>July 9th, 1955</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 26-1878</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gustav Linde</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Voght</u>	
14. NAME OF HUSBAND OR WIFE <u>Della Linde</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della Linde 364 1/2 Natural Bridge</u>	
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) <u>Coronary insufficiency</u> ANTECEDENT CAUSES (b) <u>Arteriosclerotic Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <u>Gen. Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Carcinoma prostate</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200H</u>	
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)		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>Aug 2, 1954</u> , to <u>July 9, 1955</u> , that I last saw the deceased alive on <u>July 9, 1955</u> , and that death occurred at <u>5:05 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>H. H. Siesener M.D.</u>		23b. ADDRESS <u>6000 W. Florissant</u>	
23c. DATE SIGNED <u>July 12, 1955</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 13th, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leidner Und. Co., 2223 St. Louis Ave.,</u>	
DATE REC'D BY LOCAL REG. <u>7/12/55</u>		REGISTRAR'S SIGNATURE <u>Robert G. Donk...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

6000 W 1407 JUL-13-1955

**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. Wm. Dumbley*.....  
Licensed Embalmer No. *365*  
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.