

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6823**

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

Registrar's No. **1973**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1973</b>	
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 town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>18 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>Bethesda General Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>5720 Potomac St. 2149</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>		b. (Middle) <b>R.</b>		c. (Last) <b>Linquist</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 22 - 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>1 - 25 - 1875</b>	
9. AGE (In years last birthday) <b>81</b>		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) <b>Shoe Factory worker</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Factory</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sweden</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>				13a. FATHER'S NAME <b>Johannes Linqvist</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Katrina Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Alida P. Linqvist</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-05-6620</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Miss Esther Linqvist</b>				ADDRESS <b>5720 Potomac</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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Feb 20 56</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b>				<b>Jan 30 56</b>	
		DUE TO (c) <b>Arteriosclerosis, Gen</b>				<b>years</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture left femur</b>				<b>7-1-56</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>0.16. Great m. 2. Deeply Colic</b>				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.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>St. Louis, Mo.</b>		(COUNTY) _____ (STATE) <b>331XF</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2-1-56</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fell at home</b>			
22. I hereby certify that I attended the deceased from <b>Feb 1, 1956</b> , to <b>Feb 22, 1956</b> , that I last saw the deceased alive on <b>2-22, 1956</b> , and that death occurred at <b>3:40PM.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Shull Stewart MD</b>				(Degree or title) _____		23b. ADDRESS <b>4600 Maryland Ave St. Louis Mo</b>	
23c. DATE SIGNED <b>2/23/56</b>		23d. LOCATION (City, town, or county) <b>St. Louis County Mo.</b>		(State) _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2/27/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>		24d. LOCATION (City, town, or county) <b>St. Louis County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 24 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral</b> ADDRESS <b>1905 Union Blvd.</b>			

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

Dr. John Stewart  
4660 Maryland

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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 *Warren A. Carver*.....

Licensed Embalmer No. *353*.....

P. O. Address.....

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.