

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1956

State File No. 17449

BIRTH NO. _____ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6046 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural-Callaway</u>	c. LENGTH OF STAY (in this place) <u>10 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Callaway</u> <u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles W. of Wentzville,</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles W. of Wentzville, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HEA CAROLINE</u> b. (Middle) _____ c. (Last) <u>LINKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 29-1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 5, 1885</u>	9. AGE (In years) (last birthday) <u>71</u> / OF UNDER 1 YEAR (Months) (Days) <u>24</u> / OF UNDER 14 HRS. (Hours) (Min.) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Andrew Zirnheld</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Storl</u>	14. NAME OF HUSBAND OR WIFE <u>William F. Linke</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William F. Linke</u>	ADDRESS <u>Wentzville, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY ARTERIOSCLEROTIC HEART DISEASE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 _____

22. I hereby certify that I attended the deceased from June 19, 1952, to present, 19____, that I last saw the deceased alive on Jan 4, 1956, and that death occurred at 5 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert C. Kuzel</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>14 Forsyth Walk Clayton 5, Mo</u>	23c. DATE SIGNED <u>5-30-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 1 1956</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marie Maschany</u>	ADDRESS <u>Wentzville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Harold O Kessler

Signed.....

Student Embalmer

Licensed Embalmer No. *4631*

P. O. Address *Wentzville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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