

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 29 1956

BIRTH NO. ... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1395

1. PLACE OF DEATH a. COUNTY St. Louis County, b. CITY OR TOWN Berkeley City, 21 c. LENGTH OF STAY 10 days d. FULL NAME OF HOSPITAL OR INSTITUTION #0732 Natural Bridge, Hubbard Nursing Home.

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri, b. COUNTY ... 4. DATE OF DEATH June 5, 1956.

3. NAME OF DECEASED a. (First) HENRY b. (Middle) LINDENSCHMIT. c. (Last) LINDENSCHMIT. 5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married. 8. DATE OF BIRTH April 27, 1870. 9. AGE (In years last birthday) 86.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Grocer 10b. KIND OF BUSINESS OR INDUSTRY Grocery Business. 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo., 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph Lindenschmit. 13b. MOTHER'S MAIDEN NAME Theresa Wagemann. 14. NAME OF HUSBAND OR WIFE Eva Lindenschmit.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. 16. SOCIAL SECURITY NO. 494-28-3412 17. INFORMANT'S SIGNATURE OR NAME Mrs F. W. Cook, #14 Bellereive, Normandy. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chl. Myocardites 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. INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [] NO [X]

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 [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1956, to June 5, 1956, that I last saw the deceased alive on June 5, 1956, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 23b. ADDRESS 8924 St. Charles, No. Rd 23c. DATE SIGNED 6/7/56

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 6/7/56. 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery. 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REG. 6-7-56 REGISTRAR'S SIGNATURE Herbert R. ... 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, #7233 Delmar Bl'v'd.,

(Licensed Embalmer's Placement on Reverse Side)

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

S. No. 300
V. No. 48

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

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.