

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6413

FILED MAR 1 1957

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1500**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MO.** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) **2 weeks**

c. CITY OR TOWN **Jennings** *41480*

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Park Lane Mem. Hospital**

e. STREET ADDRESS (If rural, give location) **27 5542 Sunbury Ave.**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Robert** b. (Middle) **C.** c. (Last) **Linton**

4. DATE OF DEATH (Month) (Day) (Year) **Feb. 11 1957**

5. SEX **male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Jan. 18 1892**

9. AGE (In years last birthday) **65** 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) **Linotype operator**

10b. KIND OF BUSINESS OR INDUSTRY **Newspaper**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Tenn. Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William Linton**

13b. MOTHER'S MAIDEN NAME **Mary Mercina**

14. NAME OF HUSBAND OR WIFE **Lillian Linton**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify or unknown) **NO**

16. SOCIAL SECURITY NO. **493 09 6134**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Lillian Linton 5542 Sunbury Ave.**

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **acute Myocarditis**  
ANTECEDENT CAUSES **and cystitis in Prostate**  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH **11 11**

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **6115-x**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? **2**  
YES  NO

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 **8-10-**, 19**56** to **2-11-**, 19**57**, that I last saw the deceased alive on **2-11-**, 19**57**, and that death occurred at **5:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Clyde B. Kane M.D.**

23b. ADDRESS **706 Walton** 23c. DATE SIGNED **2-12-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal**

24b. DATE **2/14/57**

24c. NAME OF CEMETERY OR CREMATORY **Laurel Hill Gardens**

24d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

DATE REC'D BY LOCAL REG. **FEB 14 '57**

REGISTRAR'S SIGNATURE **J. Earl Smith m.d.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Buchholz Mortuary 5967 W. Florissant**

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

**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 *Wilfred Buchholz*  
Licensed Embalmer No..... 453

P. O. Address *A. Lane*

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.