THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1957

STATE FILE NUMBER 26313

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5623

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 09 DePaul Hospital — Length of stay in Ib 3 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN ~~St.Louis~~ 4000 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 27 4327 Hanover — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Basilides Middle: Last: Linden

4. DATE OF DEATH Month June Day 15th. Year 1957

5. SEX a F
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct.29th.1896
9. AGE (In years last birthday) 60 — 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) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY School Teacher
11. BIRTHPLACE (City and state or country) St.Louis Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Lindem
14. MOTHER'S MAIDEN NAME Mary Merschman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Dan Gould Address 4327 Hanover

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Liver (Metastatic) — INTERVAL BETWEEN ONSET AND DEATH 2 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Gall Bladder & Bile Ducts — 6 mo?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1552
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 10, 57, to June 15 57 and last saw her alive on June 15, 57
Death occurred at 7.30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Henry A. Harrison M.D. (Degree or title)
22b. ADDRESS 607. N. Grand Bl.
22c. DATE SIGNED June 17, 57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 6-19-1957
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St.Louis (State) Missouri

24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG. JUN 17 57
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. a. M.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

University Club Bldg.
12:30 to 1:30 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis Williamso

Licensed Embalmer No. 35

P. O. Address 3840 Li

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.