

Health, Welfare, Public Service, 300, 1-56, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34376

FILED SEP 26 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2242

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>1</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CO. HOSP.</u>		Length of stay in lb <u>1 HR.</u>		STREET ADDRESS (If outside, give location) <u>5010 MURDOCH</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charlotte MARIE Linhart</u>				4. DATE OF DEATH Month Day Year <u>9 6 57</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 23, 1939</u>		9. AGE (In years last birthday) <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, seen if retired) <u>STUDENT - SOUTHWEST HIGH SCHOOL</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>INDIANAPOLIS, IND.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>CHAUNCEY I LINHART</u>				14. MOTHER'S MAIDEN NAME <u>ELISE MAYER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>C. I. LINHART</u>		Address <u>5010 MURDOCH</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple Internal Injuries</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs +</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		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 <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Passenger in car involved in auto collision.</u>				
20c. TIME OF INJURY Hour Month, Day, Year <u>5:50 P. Sept 6 57</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		20f. CITY, TOWN, OR LOCATION <u>27 Rural St. Louis Co, Mo</u>		COUNTY STATE	
21. I attended the deceased from <u>9-6-57</u> to <u>9-6-57</u> and last saw her/him alive on <u>9-6-57</u> . Death occurred at <u>5:50 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Richard H. Krieg</u>				22b. ADDRESS <u>601 So. Brentwood</u>		22c. DATE SIGNED <u>9-6-57</u>	
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-10-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>	
24. FUNERAL DIRECTOR <u>KRIEGSHAUSER 4228 KINGSHIGHWAY</u>			25. DATE RECD. BY LOCAL REG. <u>9-9-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Dombek</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *William B. White*

Licensed Embalmer No. *402*

P. O. Address *4228 So Kensington*

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.