

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42965

STATE FILE NUMBER

FILED NOV 27 1957

Registration District No. 319 Primary Registration District No. 547 Registrar's No. 2835

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 1		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis -		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in lb 1 week	STREET ADDRESS 3823 Potomac (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle C. Last Link			4. DATE OF DEATH Month 11 Day 13 Year 57		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 13, 1899	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Lincoln-Mercury	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frederick Link			14. MOTHER'S MAIDEN NAME Anna Rumpic		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW #1		16. SOCIAL SECURITY NO. 188-05-9421	17. INFORMANT Address Rose M. Link-- 3823 Potomac		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lower hypochromic hypochromic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post-operative rupture of duodenum during DUE TO (c) Partial gastrectomy for peptic ulcer					INTERVAL BETWEEN ONSET AND DEATH 3 days 4 days 8 yrs
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 4 Nov 57 to 13 Nov 57 and last saw her alive on 13 Nov 57 Death occurred at 1:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. V. Costa (Degree or title)		22b. ADDRESS 16 Hampton Hill		22c. DATE SIGNED 11/14/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/16/57	23c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard		23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
24. FUNERAL DIRECTOR WACKER-HELDERLE		ADDRESS 3634 Gravois	25. DATE RECD. BY LOCAL REG. 11-14-57	26. REGISTRAR'S SIGNATURE Hester R Donke MD	

X

X

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 *Robert C. Wheeler*

Licensed Embalmer No. *21*

P. O. Address *St. Louis*

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.