

FILED JAN 22 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1865

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 15

300
-57

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1. PLACE OF DEATH a. COUNTY <u>Lawrence County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis Co.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Webster Groves</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri State San. - 460 days</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>18 Chestnut Avenue</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Edwin</u> Middle <u>August</u> Last <u>Linders</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>14</u> Year <u>1958</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 18, 1884</u>		9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sign Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painting Co.</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Linders</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Bangartner</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>490-14-5816</u>		17. INFORMANT Address <u>Mo. State San. records, Mt. Vernon</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>Pulmonary tuberculosis (cor) pulmonale</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cor Pulmonale</u> DUE TO (c) <u>pulmonary tuberculosis 21 yrs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>21 yrs</u>	
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 checked="" type="checkbox"/>	
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
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 <u>7:40</u> <u>10/10/56</u> p. to <u>1/14/58</u> and last saw <u>him</u> <u>xxx</u> alive on <u>1/14/58</u> Death occurred at <u>7:40</u> p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Geo. H. Hobbs</u> (Deponent title) <u>M. D.</u>			22b. ADDRESS <u>Mo. State San., Mt. Vernon</u>		22c. DATE SIGNED <u>1/15/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1-15-58</u>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <u>Webster Groves Mo</u>
24. FUNERAL DIRECTOR <u>May Z Foutt</u> ADDRESS <u>Webster Groves Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-17-58</u>		26. REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 29 1958

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 *Max L. Fossett*

Licensed Embalmer No. 4252
P. O. Address *McJannet, 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.