

STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

STATE FILE NUMBER

3225

Registrar's No. _____

865

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Pacific Hospital		d. STREET ADDRESS (If outside, give location) 4620 So. Grand	
3. NAME OF DECEASED (Type or print) First Marie Middle Last Lindow		4. DATE OF DEATH Month January Day 22 Year 1958	
5. SEX Female	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 August 23, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) East Prussia, Germany
13a. FATHER'S NAME Carl Marose		13b. MOTHER'S MAIDEN NAME Minnie Behnke	14. NAME OF HUSBAND OR WIFE Charles Lindow
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Leroy A. Lindow Address 4618 Tennessee

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary Embolism; DUE TO (b) Paralytic Strokes; DUE TO (c) following injuries suffered in collision		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease (Conditions which in PART I (a) leg was operated by Charles Lindow husband of deceased, in		19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 name of person or persons if PART I of item 18.) was operated by one Doyle Spitzer, at Eddie Carl Road and Lenthley Blvd. about	
20c. TIME OF INJURY Hour 3:00 p.m. Month, Day, Year 12 / 1 / 57	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 27 Road	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St Louis	COUNTY Mo STATE Mo
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 7:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Joseph M. Quinn</i>	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 1/24/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 25, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery
24. FUNERAL DIRECTOR Beiderwieden F.H.Inc. 1936 St.Louis Ave.		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
25. DATE RECD. BY LOCAL REG. JAN 24 '58		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>

ms

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 *Delia J. Krupin* _____

Licensed Embalmer No. 3497

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.