

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007499

STATE FILE NUMBER

1262

FILED MAR 5 - 1958

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY ST. CLAIR				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAINT LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN E. 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 Firmin Desloge			Length of stay in 1b 4 DAYS	d. STREET ADDRESS 1853 DORIS AVE.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JOHN FRANK LINDNER				First	Middle	Last	4. DATE OF DEATH JAN 31 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB. 12, 1901		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 11 Days 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CEMENT FINISHER -			10b. KIND OF BUSINESS OR INDUSTRY S.T. Wilson Co.	11. BIRTHPLACE (City and state or country) BULVARIA, GERMANY		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME John Edward Lindner				14. MOTHER'S MAIDEN NAME MARGARET FIEDLER				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 489-14-3090	17. INFORMANT Address EST. LOUIS, ILL. ROSE LINDNER - 1853 DORIS AVE				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANEURYSM OF THORACIC AORTA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SYPHILITIC AORTITIS DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) VENTRICULAR FIBRILLATION UNDER ANESTHESIA - 022X INTERVAL BETWEEN ONSET AND DEATH UNKNOWN 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 DEC 27, 1957 to JAN 31 1958 and last saw (him) alive on JAN 31, 1958 Death occurred at 10 52 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Charles Moulton M.D.				22b. ADDRESS 1325 S. GRAND ST. LOUIS		22c. DATE SIGNED FEB 1, 1958		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE FEB. 4, 1958	23c. NAME OF CEMETERY OR CREMATORY MT. CARMEL		23d. LOCATION (City, town, or county) (State) BELLEVILLE, ILL.			
24. FUNERAL DIRECTOR John J. Keady, Esq., St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. FEB 3 '58		26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D. S.P.		

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 Not Embalmed, Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John J. Kossly  
.....

Licensed Embalmer No. 685

P. O. Address Great Falls

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.