

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024171
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1621

S. 300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Creve Coeur		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Creve Coeur 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Emerson Road		Length of stay in 1b years	d. STREET ADDRESS (If outside, give location) Emerson Road
3. NAME OF DECEASED (Type or print) First Middle Last Julius Carl Lindner			4. DATE OF DEATH Month Day Year June 16, 1958
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 Apr. 19, 1874
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY Farming	9c. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	10c. BIRTHPLACE (City and state or country) Creve Coeur, Missouri
11. BIRTHPLACE (City and state or country) Creve Coeur, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Lindner		13b. MOTHER'S MAIDEN NAME Margaret Moeller	14. NAME OF HUSBAND OR WIFE Hulda M. Lindner
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. none	17. INFORMANT Address Hulda M. Lindner, Creve Coeur, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Neuro-circulatory Collapse</i> DUE TO (b) <i>Myocardial Degeneration</i> DUE TO (c) <i>Arteriosclerosis 4/221</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hepatitis; nephritis.</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <i>Aug 27, 1953</i> to <i>June 15, 1958</i> and last saw him alive on <i>June 15, 1958</i> . Death occurred at <i>7:10</i> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>William Leibert, D.D.</i>		22b. ADDRESS <i>Creve Coeur, Mo.</i>	22c. DATE SIGNED <i>6/16/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>6-18-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Pauls Ev. Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Olivette, Missouri</i>
24. FUNERAL DIRECTOR <i>Baumann Bros. Inc. Overland, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6-16-58</i>	26. REGISTRAR'S SIGNATURE <i>Herbert P. Dombke M.D.</i>

All diseases in Part I must be causally related.

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 *David C. Gibson*

Licensed Embalmer No. *3414*
P. O. Address *Portland, Me.*

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.