

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034454

STATE FILE NUMBER

9127

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

FILED OCT 2 1958

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes <input type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hosp. Length of stay in lb                                    |  | d. STREET ADDRESS 809 N. Grand ave. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |  |

|  |                        |  |  |                                    |                                  |                             |
|--|------------------------|--|--|------------------------------------|----------------------------------|-----------------------------|
| 3. NAME OF DECEASED (Type or print) First Middle Last A. HENRY LINK  |                        |  | 4. DATE OF DEATH Month Day Year 9-18-58                |                                    |                                  |                             |
| 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 12-2-1903                             | 9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months Days      | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe worker      |                        | 10b. KIND OF BUSINESS OR INDUSTRY Shoe   | 11. BIRTHPLACE (City and state or country) Missouri    |                                    | 12. CITIZEN OF WHAT COUNTRY? USA |                             |
| 13. FATHER'S NAME Munroe Link  |                        |  | 14. MOTHER'S MAIDEN NAME Elsie Huckstep                |                                    |                                  |                             |
| 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. unknown  | 17. INFORMANT Address Lloyd Link, University City, Mo. |                                    |                                  |                             |

|   |            |   |
|---|------------|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE      |            | INTERVAL BETWEEN ONSET AND DEATH  |
| Suffocation from hanging  |            |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) |   |
|   | DUE TO (c) | E974x   |
| 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 type="checkbox"/> |
| When deceased hanged self in room at the Hotel with a belt attached to bed post   |            |   |

|  |   |  |  |   |   |             |            |
|--|---|--|--|---|---|-------------|------------|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. HOW INJURY OCCURRED (Enter nature of injury in words) (Specify)                            |  | 20c. TIME OF INJURY Hour a. m. p. m. 9 18 58 | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office, hotel, etc.) Hotel | 20e. CITY, TOWN, OR LOCATION St. Louis Mo | 20f. COUNTY | 20g. STATE |
| 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, school, office, hotel, etc.) Hotel |  | 20f. CITY, TOWN, OR LOCATION St. Louis Mo    | 20g. COUNTY   | 20h. STATE                                |             |            |

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at 2454 \_\_\_\_\_ in on the date stated above; and to the best of my knowledge, from the causes stated.

|  |                       |                          |
|--|-----------------------|--------------------------|
| 22a. SIGNATURE (Type or print) [Signature] | 22b. ADDRESS 1300 Oak | 22c. DATE SIGNED 9/18/58 |
|--|-----------------------|--------------------------|

|  |  |   |   |
|--|--|---|---|
| 23. BURIAL, CREMATION, REMOVAL (Specify) removal           | 23b. DATE 9-19-58                        | 23c. NAME OF CEMETERY OR CREMATORY Jackson, Mo. | 23d. LOCATION (City, town, or county) (State) |
| 24. FUNERAL DIRECTOR ADDRESS Cracraft-Miller, Jackson, Mo. | 25. DATE RECD. BY LOCAL REG. SEP 22 1958 | 26. REGISTRAR'S SIGNATURE [Signature]           |   |

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Flouise Kadle*.....

Licensed Embalmer No. *45*.....

P. O. Address *Flouise*.....

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.