

FILED DEC 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041873

State File No.

11518

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

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, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) **3/ HOSPITAL OR INSTITUTION St. Louis State Hospital** e. STREET ADDRESS (If rural, give location) **5400 Arsenal St., St. Louis, Mo.**

3. NAME OF DECEASED (Type or Print) a. (First) **LAURA** b. (Middle) _____ c. (Last) **LINDEMANN** 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 27, 1958**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single D** 8. DATE OF BIRTH **Nov. 30, 1880** 9. AGE (In years last birthday) **77** 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) **Domestic: formerly** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Celestine ?** 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) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Bernard Menke** ADDRESS **5012 Alaska Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Recent intracerebral hemorrhage, left parietal lobe**
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Rupture of atherosclerotic artery**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) **331X**
II. OTHER SIGNIFICANT CONDITIONS **Arteriosclerotic heart disease**
Conditions contributing to the death but not related to the disease or condition causing death. **Aspiration bronchopneumonia**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? **1** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Oct. 24, 1911**, to **Nov. 27, 1958**, that I last saw the deceased alive on **Nov. 27, 1958**, and that death occurred at **3:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **John McManan, M.D.** (Degree or title) 23b. ADDRESS **5400 Arsenal St., St. Louis, Mo.** 23c. DATE SIGNED **11-28-58**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12-1-1958** 24c. NAME OF CEMETERY OR CREMATORY **St. Peter Paul Cem** 24d. LOCATION (City, town, or county) (State) **St. Louis MO**

DATE REC'D BY LOCAL REG. **DEC 1 - 58** REGISTRAR'S SIGNATURE **Paul Smith** GENERAL DIRECTOR'S SIGNATURE **W. H. ...** ADDRESS **38146 Grand Blvd**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *George J. O'Connell*
Licensed Embalmer No. *4611*
P. O. Address *St. Louis 18*

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.