

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045974

STATE FILE NUMBER

12057

1003

Registration District No.

318

Primary Registration District No.

Registration No.

FILED DEC 22 1958

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
f. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 0/ 5518 Greer Ave.		Length of stay in lb 14 Yrs. 6 1/2	d. STREET ADDRESS (If outside, give location) 5518 Greer Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Fred Henry Lindhorst			4. DATE OF DEATH Month Day Year 12 13 1958
5. SEX Male <input checked="" type="checkbox"/>	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 June 29, 1900
9. AGE (In years last birthday) 58		10. FINDER YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ceased) Wire Rope Worker		10b. KIND OF BUSINESS OR INDUSTRY Leschen Rope Co.	11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Lindhorst	
13b. MOTHER'S MAIDEN NAME Elizabeth		14. NAME OF HUSBAND OR WIFE Helen C. Lindhorst	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W W 2		16. SOCIAL SECURITY NO. 494-01-3737	17. INFORMANT Address Mrs. Helen C. Lindhorst 5518 Greer
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>Carcinoma of pharynx</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <i>148X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>arteriosclerotic heart disease</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>10/9/41</i> to <i>12/13/58</i> and last saw <sup>her</sup> alive on <i>12/11/58</i> Death occurred at <i>3 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Hugo F. Bergman MD</i>		(Degree or title)	22b. ADDRESS <i>3720 Washington</i>
22c. DATE SIGNED <i>12/15/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>12/16/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>
24. FUNERAL DIRECTOR <i>Drehmann-Harral, 1905 Union Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 15 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Henry F. Bergman  
3720 Washington  
Je 3-6204  
Hrs. 8:30-9:30 & 2-3 Mon.

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 *Albert R. Thompson* .....

Licensed Embalmer No. *4237* .....

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.