

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004001

STATE FILE NUMBER

JAN 19 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 115

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 Illinois b. COUNTY McLean			
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 Bloomington <u>7120</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lansdale School		Length of stay in lb 1 yrs.	d. STREET ADDRESS (If outside, give location) 1126 N. Colton Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Michael Linse			4. DATE OF DEATH Month Day Year January 12, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 5, 1951		
9. AGE (In years last birthday) 7		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (City and state or country) Bloomington, Ill.		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Karl Linse	13b. MOTHER'S MAIDEN NAME Arlene Halsted		
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <u>NO</u> unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None		
17. INFORMANT Karl Linse, Bloomington, Ill.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Status epilepticus Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) neurological involvement DUE TO (c) with Gaucher's disease. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2.8.10		INTERVAL BETWEEN ONSET AND DEATH 1 week. 4 months 4 years +	
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.) 2.8.10			
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 1-6-58 to 1-12-59 and last saw him alive on 11-11-58 Death occurred at 11:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Peter J. Dennis MD (Degree or title)		22b. ADDRESS 35 N. Central			
22c. DATE SIGNED 1-12-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			
23b. DATE 1-12-59		23c. NAME OF CEMETERY OR CREMATORY Local			
23d. LOCATION (City, town, or county) (State) Bloomington, Ill.		24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			
25. DATE RECD. BY LOCAL REG. 1-12-59		26. REGISTRAR'S SIGNATURE John C. Murphy, MD			

Social, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. 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 *J. Wm. Dinkley*

Licensed Embalmer No. *2365*

P. O. Address *J. Wm. Dinkley*

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.