RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-047687

FILED VS JAN 13 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12617 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in Ib 2 days

c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2626 Sulphur ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Edward Middle S. Last Lindhorst

4. DATE OF DEATH Month December Day 29, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Aug.17,1875

9. AGE (last birthday) 85

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Retired

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Oakville,St.Louis Co.Mo.

12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Rudolph Lindhorst

13b. MOTHER'S MAIDEN NAME Margaret Hartwig

14. NAME OF HUSBAND OR WIFE Emma

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.

17. INFORMANT Address Mrs.Jacob John 2626 Sulphur ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH about 15 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic Arterio-Sclerotic Heart Disease — Several years.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 December 22-60, to Dec 29-60 and last saw ~~her~~ him alive on Dec. 29-1960

Death occurred at 11 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) MD

22b. ADDRESS 3606 Gravois

22c. DATE SIGNED 12/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Jan.3,1961

23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery

23d. LOCATION (City, town, or county) (State) 1600 Lemay Ferry Rd.Lemay,Mo.

24. FUNERAL DIRECTOR C.Hoffmeister Mortuaries ADDRESS 7814 S.Broadway

25. DATE RECD. BY LOCAL REG. DEC 31 1960

26. REGISTRAR'S SIGNATURE Neal Smith M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lewis R. Hoffman

Licensed Embalmer No. 3871

P. O. Address 7814 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.