

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-012013

AMENDED

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 757

STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY **St. Louis**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Webster Grove** Length of stay in 1b **Life**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **8936 Big Bend Road** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo** b. COUNTY **ST LOUIS**
 c. CITY OR TOWN **Webster Grove** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **8936 Big Bend Road** Reside on Farm Yes No

3. NAME OF DECEASED First **Alvina** Middle **Linde** Last **Linde** 4. DATE OF DEATH Month **March** Day **16** Year **1961**
 5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **1/16/1878** 9. AGE (last birthday) **83** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**
 13a. FATHER'S NAME **Harry M. Smith** 13b. MOTHER'S MAIDEN NAME **Fredericka Hartmann** 14. NAME OF HUSBAND OR WIFE **Albert Frank Linde**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Mr Arch R. King 500 Gabriel Drive**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cerebral Hemorrhage (massive)** INTERVAL BETWEEN ONSET AND DEATH **10 AM.**
 DUE TO (b) **Arteriosclerotic C-V Disease** **10 YRS**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ 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 **6/8/51** to **3/16/61** and last saw her alive on **3/14/61**
 Death occurred at **9 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John King** 22b. ADDRESS **8006 Big Bend Rd, 19,** 22c. DATE SIGNED **3/17/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **3/20/61** 23c. NAME OF CEMETERY OR CREMATORY **St. John's Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Co, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Alexander & Sons 6175 Delmar Blvd** 25. DATE RECD. BY LOCAL REG. **3-19-61** 26. REGISTRAR'S SIGNATURE **John B. Murphy**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

THEY WHO SHOULD READ

Dr. John V. King

689 E. Big Bend Rd

Wo. 1-0147

12 :30 P.M.

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 Joseph McCulloch

Licensed Embalmer No. 2760

P. O. Address 01307 Rte

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.