

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045940

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 301

FILED DEC 20 1961

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| 1. PLACE OF DEATH a. COUNTY St Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY St. Charles | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles | | c. CITY OR TOWN St. CHARLES | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Josephs Hosp | | d. STREET ADDRESS (If outside, give location) Rt. 4 JUNGLE Rd. | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Peter Middle B Last Lintzenich | | | 4. DATE OF DEATH Month Dec Day 11 Year 1961 | |
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| 5. SEX MALE | 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 8-20-1901 | 9. AGE (last birthday) 60 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER | 10b. KIND OF BUSINESS OR INDUSTRY MR. DONNEL COOK | 11. BIRTHPLACE (City and state or country) EXENA, ILL. | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME WILLIAM LINTZENICH | 13b. MOTHER'S MAIDEN NAME Emma Shellia | 14. NAME OF HUSBAND OR WIFE EFFIE E. LINTZENICH |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 17. INFORMANT MACK B. LINTZENICH, BREDGETON MO |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | Ruptured left ventricle | 5 minutes |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) massive myocardial Infarction | 2 weeks |
| | DUE TO (c) Arteriosclerotic Cardiovascular Disease | Unknown |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month _____ Day _____ Year _____ |
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|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <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 January 23, 1961 to Dec 12, 1961 and last saw him alive on Dec 12, 1961
Death occurred at 7:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Don R. Bondall, M.D. | 22b. ADDRESS 220 S. 6th St. Charles, Mo. | 22c. DATE SIGNED 8-12-61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12-14-61 | 23c. NAME OF CEMETERY OR CREMATORY CALVARY Cemetery | 23d. LOCATION (City, town, or county) St. Louis MO. |
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| 24. FUNERAL DIRECTOR Ortmann F Home | ADDRESS 9222 Lackland Overland Mo | 25. DATE RECD. BY LOCAL REG. Dec 12-61 | 26. REGISTRAR'S SIGNATURE Marcella Wilson |
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226 S. 6th

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 20 1961

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 Al C. Ostrum

Licensed Embalmer No. 3478

P. O. Address _____

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.