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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027847
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1923

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Manchester — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION Manchester RestH — Length of stay in 1b 6 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Pond 4000 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Rural (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Adline Middle: Last: Schleper
4. DATE OF DEATH Month: July Day: 21 Year: 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH 1-7-1871
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
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) Florissant, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Bernard Linnemann
13b. MOTHER'S MAIDEN NAME Mary Beherns
14. NAME OF HUSBAND OR WIFE William
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-03-3761
17. INFORMANT Isabella Schmidt Address 9029 Patrick Dr.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility 422.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 May 15, 1958, to July 21, 1958 and last saw her/him alive on July 19, 1958
Death occurred at ____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. R. Loving (Degree or title) M.D. 0
22b. ADDRESS Ballwin Mo.
22c. DATE SIGNED 7-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-23-58
23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery
23d. LOCATION (City, town, or county) (State) Florissant, Mo.

24. FUNERAL DIRECTOR Ortmann F Home ADDRESS 9222 Lackland Overland, Mo.
25. DATE RECD. BY LOCAL REG. 7-21-58
26. REGISTRAR'S SIGNATURE Herbert R. Danke M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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. Oitmann

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.