

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0039098  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9889**

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED OCT 6 1966</b>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS, MISSOURI</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b> Length of stay in lb <b>4 Wks.</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>Upland Park</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>3618 Ridgedale Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>FLORENCE</b> Middle <b>LINDERS</b> Last <b>LINDERS</b>	
4. DATE OF DEATH <b>September 27 1966</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-8-84</b>
9. AGE (last birthday) <b>82</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph Brinkman</b>	13b. MOTHER'S MAIDEN NAME <b>Ann Mary Stodieck</b>
14. NAME OF HUSBAND OR WIFE <b>Harry P. Linders</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>
16. SOCIAL SECURITY NO. <b>499-50-9403</b>	17. INFORMANT <b>Dr. H. Z. Linders, 1411 Bayonne Dr.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>4200</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 <b>10/20/45</b> to <b>9/27/66</b> and last saw her <sup>him</sup> alive on <b>9/27/66</b> Death occurred at <b>4:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Name or title) <b>C. O. Vermillion, M.D.</b>	22b. ADDRESS <b>BARNES HOSPITAL</b>
22c. DATE SIGNED <b>9/28/66</b>	23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>
23b. DATE <b>9-30-66</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>
23d. LOCATION (City, town, or county) <b>St. Louis County</b>	23e. STATE <b>Mo.</b>
24. FUNERAL DIRECTOR <b>Drehmann-Harral, 7733 Nat'l. Bridge</b>	25. DATE RECD. BY LOCAL REG. <b>SEP 29 1966</b>
26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
1  
2 **40003**  
3  
4 **1**  
5 **1**  
6  
7 **0**  
8 **2**  
9  
10  
11  
12 **320**  
13  
**52**

**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 *JM Rister*

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo

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.