

CERTIFICATE AND RECORD OF DEATH

31566

Eulalia Margarita Linder

I hereby certify that I attended deceased from *Sept 28* 1901, to *Oct 19* 1901
 that I last saw *her* alive on the *18* day of *Oct* 1901 that *she* died on the
19 day of *Oct* 1901, about *3* o'clock A.M. or P.M., and that to best of my
 knowledge and belief, the cause of *her* death was as hereunder written. (If under one year old, state how fed.)

General Anemia
Cardiac Anemia

SEE RULES ON THE OTHER SIDE.

Witness my hand this *5* day of *Oct* 1901.

Place of Burial, *St. Louis* (SIGNATURE), *W. Linder*

Date of Burial, *Oct 21/1901*

Cause of Death, *Ed. Linder*

Residence, *239 E 12th St.*

RESIDENCE,

1107 Lexington

Place of Birth.	Full Name.	Age, in years, months and days.	Color.	Single, Married or Widowed.	Occupation.	Birthplace.	How long in U.S. if foreign born.	How long resident in City of New York.	Father's Name.	Father's Birthplace.	Mother's Name.	Mother's Birthplace.	Place of Death.	Last place of Residence.	Class of Dwelling (A tenement house is one occupied by more than two families.)	Direct cause of Death.	Indirect cause of Death.
<i>Oct 19/1901</i>	<i>Margarita Linder</i>	<i>15 yrs 6 mos</i>	<i>White</i>	<i>Married</i>	<i>None</i>	<i>Germany</i>	<i>5 yrs.</i>	<i>do. do.</i>	<i>Frank & Susan</i>	<i>Germany</i>	<i>Frank Linder</i>	<i>Germany</i>	<i>63 E 106th St</i>	<i>do. do.</i>	<i>Flat Apartment</i>	<i>General Anemia</i>	<i>Cardiac Anemia</i>