JAN 23 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38039

1. PLACE OF DEATH

County: St Louis — Registration District No.: 786

Township: Central — Primary Registration District No.: 4469 — File No.:

City: Maplewood Mo. (No. 7343a Manchester Ave. St. Ward) — Registered No.: 62

2. FULL NAME: Elmer L. Lindsay Jr.

(a) Residence. No. 7343a Manchester St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 10 1927

7. AGE — YEARS: — MONTHS: — DAYS: 8 — If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maplewood Mo.

PARENTS

10. NAME OF FATHER: Elmer Lindsay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cincinnati Ohio

12. MAIDEN NAME OF MOTHER: Elizabeth Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

14. INFORMANT: Elmer L. Lindsay Sr.
(Address) 7343a Manchester Ave.

15. FILED 12/19, 1927 — Wm. Edward Schuster, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-16-1927

17. I HEREBY CERTIFY, That I attended deceased from 12-8, 1927, to 12-16, 1927, that I last saw h. alive on 12-16, 1927, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Haemorrhage

700
128
1056

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Haemophilia

Hemorrhage (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF 12-16-27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

12/19, 1927 (Signed) H. L. Lahey, M. D. (Address) 25 E 76 Sutton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Hill Cem. — DATE OF BURIAL: 12/19 1927

20. UNDERTAKER: Croghan Bros Co — ADDRESS: 7148 Manchester

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

cated by check marks, lacking from the death certificate:

Name: Elmer L. Lindsay Jr.

Who died at: Maplewood, Ma. on Dec. 8, 1927.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) 690

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Hemorrhage (Post Operative following Circumcision

Contributory: Hemophelia Neonatorum

Where was disease contracted? _____

Did operation precede death? yes Date of Dec 6-1927

Was there an autopsy? no What test confirmed diagnosis? —

Name of physician: H L Lincoln MD

Address of physician: 28 16 Sutton

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