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

Do not use this space.

38206

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Christian Hospital St. ..... Ward)

File No. .....

Registered No. 10847

2. FULL NAME Dr. Howard F. Lindsay

(a) Residence. No. Motel Hotel 15th & Market, 25 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19 – 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	51	3	14	

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

9. BIRTHPLACE (CITY OR TOWN) Ironton,
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Robert L. Lindsay
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Aura C. Henricks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union
(STATE OR COUNTRY) Mo.

14. INFORMANT Robert B. Lindsay
(Address) 3811 Blaine

15. FILED DEC 5 1927 Max C. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1927, to Dec 3, 1927 that I last saw him alive on Dec 3, 1927, and that death occurred, on the date stated above, at 10-45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic endocarditis
9 yr
9 yr (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cardiac dilatation
(duration) ..... yrs. ..... mos. 60 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Condition of endocardium
(Signed) H. G. Marks, M. D.
12/3, 1927 (Address) 6902 Maple Ave

*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 Ironton, Mo — DATE OF BURIAL Dec 5 - 1927

20. UNDERTAKER Petty Bros — ADDRESS 3029 Lafayette

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.