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

Do not use this space.

12870

File No. 3415

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital St. Ward)

Registration District No. 7821

Primary Registration District No. 1003

2. FULL NAME Frank Lindsay

(a) Residence. No. 818 Lafayette St. 23 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.

18372

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5a. If Married, Widowed, or Divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (Month, day and year) April 10 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	10	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Illinois

PARENTS

10. NAME OF FATHER Benjamin Lingy
11. BIRTHPLACE OF FATHER (City or town)
(State or country) Ireland
12. MAIDEN NAME OF MOTHER Jane Langston
13. BIRTHPLACE OF MOTHER (City or town)
(State or country) Kentucky

14. INFORMANT City Hospital
(Address) City Hospital

15. FILED MAR 19 1929 Max O Rowlett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month, day and year) March 6 1929

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1929, to March 6, 1929, that I last saw him alive on March 6, 1929, and that death occurred, on the date stated above, at 4 hrs P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
Chronic interstitial nephritis
131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 738 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edmund R. Sheridan M. D.

3/7 1929 (Address) City Hospital

*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 St. Louis U.

DATE OF BURIAL 3-13 1929

20. UNDERTAKER Walter Richter

ADDRESS 3500 Rutger St.

Reigey.