WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1002~~ File No. 7834

Township ..... Primary Registration District No. ..... Registered No. 2203

City St Louis (No. 1203 Chambers St. ..... Ward)

2. FULL NAME Minnie J Lindsay

(a) Residence. No. 1203 Chambers St., 22 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert J Lindsay

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 7 1867

7. AGE: YEARS 63 | MONTHS 5 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ar home 235
(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): Germany

PARENTS

10. NAME OF FATHER: Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Robert J Lindsay
(Address) 1203 Chambers St

15. FILED ..... 19.. Max C Harley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): February 17 1931

17. I HEREBY CERTIFY, That I attended deceased from February 14, 1931, to February 17, 1931, that I last saw her alive on February 16, 1931, and that death occurred, on the date stated above, at 2:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

108 (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) 108 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Geo. Elcook, M. D.
Feb 17, 1931 (Address) 1809 Nogo St

*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 James, Mo
DATE OF BURIAL: Feb. 19 1931

20. UNDERTAKER: O'Brien L & Co
ADDRESS: 2707 N. Grand