

**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. 131
 Township _____ Primary Registration District No. 1-3
 City St. Louis (No. En Route City Hospital #2 St. Ward)

File No. 2697
 Registered No. 392

2. FULL NAME

Tom Lindsey
 (a) Residence, No. 1620 Biddle St., 25 Ward.
 (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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 48 — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 2

FATHER 13. NAME John Lindsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER 15. MAIDEN NAME Mary Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFANT (ADDRESS) Ellen Lindsey, 1620 Biddle

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan 13, 1932

19. UNDERTAKER (ADDRESS) W. G. Wade & Co, 4200 Fenwick Dr.

20. FILED Jan 13 1932 W. C. H. H. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 p.m. The principal cause of death and related causes of importance were as follows:

Subarachnoid Haemorrhage due to trauma received during a fist fight in St. Louis, Mo.
 Date of onset _____
 Other contributory causes of importance: Justifiable Homicide

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 1/5, 1932
 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Fist fight
 Nature of injury Subarachnoid Haemorrhage

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) John H. H. H. M.D.
 (Address) J. H. H. H.

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.

