

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

Do not use this space.

10804

**1. PLACE OF DEATH**

County.....

Registration District No. 795

Township.....

Primary Registration District No. 11003

City St Louis (No. ....)

File No. ....  
Registered No. 2877  
St. .... Ward)

**2. FULL NAME**

I da Louise Lindsay

(a) Residence. No. 2205 Walnut St., 22 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

4. COLOR OR RACE

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

Female

Colord

Single

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

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

July 15 1930

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

—

4

8

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

Child 9 107

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Louis Mo

10. NAME OF FATHER

Louis Lindsay

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

Ark 2

12. MAIDEN NAME OF MOTHER

Lucile Warren

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

La

14.

INFORMANT (Address)

Louis Lindsay 2205 Walnut

15.

FILED

May 1932  
Max C. Standley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23 1932

17. I HEREBY CERTIFY That I attended deceased from March 21 to March 25, 1932 that I last saw her alive on March 23, 1932 and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Branchio-Pneumonia Secondary

CONTRIBUTORY (SECONDARY)

Whooping Cough  
(duration) yrs. mos. 7 da.  
(duration) yrs. mos. 14 da.

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? Physical signs

(Signature) Wm E. Rice M. D.

(Address) 2340 Market

\*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

Greenwood

DATE OF BURIAL

Mar 25 1932

20. UNDERTAKER

J W Hughes

ADDRESS

2620 Lawler

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.

