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

Do not use this space.

21005

File No. .....

Registered No. 5506

1. PLACE OF DEATH

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1003

City St. Louis, Mo. (No. 812 Olive St. (Arcade Bldg) St. ..... Ward)

2. FULL NAME Aubrey C. Lindsley

(a) Residence, No. 5788 Waterman St. Ward. 6
(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: Male.

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 Jessie B. Lindsley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1882

7. AGE: Years 49. Months 8 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail for Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 16 5 M

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Aubrey B. Lindsley

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

MOTHER

15. MAIDEN NAME Fanny Anderson

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

17. INFORMANT W. Champlin Lindsley
(ADDRESS) 5788 Waterman.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crem. DATE June 11th 1932

19. UNDERTAKER C. R. Lupthen & Sons
(ADDRESS) # 4449 Delmar Blvd

20. FILED 11 10 1932 Mary C. Vasser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th 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 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocyanic Acid	
Poisoning (self administered)	
Arcade Bldg, St Louis, Mo	

Other contributory causes of importance:

163 Suicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6/9, 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. In Industry

Manner of injury Hydrocyanic Acid

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M.D.

(Address) [illegible]

6/10/32

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.

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

MARGIN RESERVED FOR BINDING

V. S. No. 2