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.

SEP 26 1933

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

Do not use this space.

25257

File No. 6736

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 7903

Township ..... Primary Registration District No. .....

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

6126

2. FULL NAME Baby Lindsey

(a) Residence, No. 3134 Allison St. ✓ 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. 1 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1933

7. AGE YEARS MONTHS DAYS ✓ If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME Carl Lindsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Ark.

MOTHER
15. MAIDEN NAME Delphia Freyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Arkansas

17. INFORMANT (ADDRESS) Hosp Inf. Mildred Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE 8-3-33, 19

19. UNDERTAKER (ADDRESS) W P Dickenson City Hospital

20. FILED 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1933, to 7-18, 1933.
I last saw her alive on 7-18, 1933 Death is said to have occurred on the date stated above, at 5 25 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant	
159	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify Dennis Ent
(Signed) ....., M. D.
(Address) City Hospital