

FEB 24 1936

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

Do not use this space.

2854

1. PLACE OF DEATH

County St. Louis Registration District No. 290 File No. \_\_\_\_\_  
Township Clayton Primary Registration District No. 6038<sup>th</sup> Registered No. 21  
City Clayton (No. St. Louis Co. Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William T. Lindsey  
(a) Residence, No. 137 Euclid ave 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Octavia Lindsey OR WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60- 7 18

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

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) Big Sandy Tenn (STATE OR COUNTRY)

13. NAME Wm Lindsey

14. BIRTHPLACE (CITY OR TOWN) Big Sandy Tenn (STATE OR COUNTRY)

15. MAIDEN NAME Charlotte P

16. BIRTHPLACE (CITY OR TOWN) ? not known Tenn (STATE OR COUNTRY)

17. INFORMANT Octavia Lindsey (ADDRESS) 137 Euclid ave St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE father's person DATE 1-19-36, 19\_\_

19. UNDERTAKER J. C. Lewis (ADDRESS) Wester Groves

20. FILED 1-19 1936 Dr A J Siguarelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-19-35, 19\_\_\_\_, to 1-13-36, 19\_\_\_\_

I last saw him/her alive on 1-13-36, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 12:45<sup>a</sup> m.

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

Chronic Infect. Meningitis? Date of onset \_\_\_\_\_  
Now Epidemic

Other contributory causes of importance

Hemorrhagic infarct of lung  
Beginning infarct of left kidney

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? YES

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 \_\_\_\_\_

(Signed) Wm E. Moore \_\_\_\_\_, M. D.

(Address) St. Louis County Hosp Clayton, Mo.

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.

