

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.

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33030

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City.....
 (e) Length of residence in city or town where death occurred

Registration District No.....

Primary Registration District No.....

(d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 8325

2. PRINT FULL NAME

Baby Lindsey

(a) Residence, No.....
 (Usual place of abode, if no street address, write county or city)
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
male

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)
 Sept 9, 1937

7. AGE YEARS MONTHS DAYS
 stillborn

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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, Missouri

13. NAME
 Thomas Lindsey

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

15. MAIDEN NAME
 Juanita Devi

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 St. Louis, Missouri

17. INFORMANT (ADDRESS)
 Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)
 C. H. J.

20. FILED
 SEP 29 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
 9/9/37

22. I HEREBY CERTIFY, That I attended deceased from
 9/9/37 to 9/9/37

I last saw him alive on 9/9/37. Death is said to have occurred on the date stated above, at 4.15 a.m.

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

Stillborn

Other contributory causes of importance:

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?..... 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)..... M. D.
 (Address)..... City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)