

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

39236
Do not use this space.

DEC 13 1937

1. PLACE OF DEATH **Homér G Phillips Hospital** 791
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... 1003 Registered No. **10223**
 (c) City **St. Louis** (d) Street No. **2601** **N Whittier** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **12** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Frank Lindsey**
 (a) Residence, No. **1849 Biddle** St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 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) **June 11, 1893**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 4 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 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) **Newton**
 (STATE OR COUNTRY) **Miss.**

FATHER
 13. NAME **William Lindsey**
 14. BIRTHPLACE (CITY OR TOWN) **unknown**
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME **Diley Chatman**
 16. BIRTHPLACE (CITY OR TOWN) **Miss.**
 (STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Newton Miss** DATE **Nov 7** 19**37**

19. FUNERAL DIRECTOR **Atkins Bros**
 (ADDRESS) **3644 Franklin Ave**

20. FILED **NOV 3 1937** **J. Biedeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 31** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 25,** 19**37,** to **Oct. 31**, 19**37**
 I last saw him alive on **Oct. 31**, 19**37.** Death is said to have occurred on the date stated above, at **4:43** m. **p.m.**
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 10/25/37
 108
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** 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) **A. L. Lewis**, M. D.
 (Address) **2601 N Whittier**

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.

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 2842

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 Louis V. Atkins
Licensed Embalmer No. 2842

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.)