

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

Do not write here.
5376

1. PLACE OF DEATH

(a) County Registration District No. **781**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **6026** **Waterman Ave.** St. **2021**
 (e) Length of residence in city or town where death occurred **59** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Richard C Lindsay** **532**

(a) Residence, No. **6026 Waterman Ave** St. **5** (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 **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 30 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 **4** **26**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clerk**
 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 Mo**

FATHER 13. NAME **John Lindsay**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Catherine Collins**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Miss May Lindsay 6026 Waterman Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemt.** DATE **2/28/38**

19. FUNERAL DIRECTOR (ADDRESS) **Harrigan & Sheahan Und 4415 Washington Blvd.**

20. FILED **FEB 26 1938** **J. B. Bruck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/25/38** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 28** 19**36**, to **Feb 25th** 19**38**
 I last saw him alive on **Feb 25th** 19**38**. Death is said to have occurred on the date stated above, at **1²⁵ PM** m.

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
Edema of the lungs
Carcinoma of Pancreas
 Date of onset **Dec 36**

Other contributory causes of importance: **None**
 Name of operation **None** Date of **None**
 What test confirmed diagnosis? **Urinalysis** 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? **no**
 Do, specify **Arthur H. Rollins** M. D.
 (Signed) **Arthur H. Rollins**
 (Address) **1722 Olive St**

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.

*Mr Polpinsky
1722 Olive St. 11
Ann*

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe, Licensed Embalmer No. 2961

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Albert G. Hoppe*
Licensed Embalmer No. 2961

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.)