

REC'D APR 1 1938

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

Do not write in this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **500 S. Kings Highway** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. **ST. LOUIS CHILDREN'S HOSPITAL**

2. PRINT FULL NAME

Lindsay, Betty Joan **532**
(a) Residence, No. **1102 Montgomery** St. **26** (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 **F** 4. COLOR OR RACE **w.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **child**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **11-29-33**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 **#2** **7** **15**

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **child**
9. Industry or business in which work was done, as saw mill, bank, etc. **child**
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 **Aneile Lindsay**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

MOTHER
15. MAIDEN NAME **Pearl Fairfield**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

17. INFORMANT (ADDRESS) **M. E. Matthews**
500 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE **Frederick** DATE **3-17** 1938

19. FUNERAL DIRECTOR (ADDRESS) **A. R. Swan P. O.**
2702 N. Grand

20. FILED **MAR 15 1938** **J. D. Bruders**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-15** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **3-6** 19**38**, to **3-15** 19**38**

I last saw her alive on **3-15** 19**38** Death is said to have occurred on the date stated above, at **7:30** a.m.

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

Pneumonia Date of onset **3-10-38**

Other contributory causes of importance:
Rheumatic Myocarditis **3-6-38**
caused by rheumatic fever

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 **Yes**
(Signed) **Joseph N. Barlow**, M. D.
(Address) **1500 S. Kings Highway**

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.)