

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
956
Do not use this space.

956

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 or St. Louis
 (c) City (d) Street No. 5941 Coronado
 (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.

2. PRINT FULL NAME Hattie Lindsay

(a) Residence, No. 5941 Coronado St. 1
 (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac C.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 79 10 4~~20~~

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. at home
 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) Collinsville, Ill.

13. NAME Max Weisenberger

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) G. Bam Germany

17. INFORMANT Sadie Eberius
(ADDRESS) 5941 Coronado

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lakewood Park DATE Jan. 31, 1939

19. FUNERAL DIRECTOR (NAME) John L. Ziegenhein & Sons
(ADDRESS) 7027 Gravois Ave20. FILED J. F. Bridick
Local Registrar

JAN 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to Jan 29, 1939
 I last saw her alive on Jan 29, 1939. Death is said to have occurred on the date stated above, at 1 A.M.
 The principal cause of death and related causes of importance were as follows:

Ch Myocarditis
59

Date of onset

5 yrs ap.

Other contributory causes of importance:

Diabetes Mellitus

4 yrs

Bright's Disease

2 yrs

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? no 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 L. W. Eberius

(Signed), M. D.

(Address) 2840 California Av.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clarence P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *6937^a Gravois*

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.)

If this body is not embalmed, above space should be left blank.