

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

SEP 14 1939 791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

27761

Registrar's No.

7261

Registration District No.

1008

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5412 Cabanne Ave., 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 70 yrs.  
years, months or days)

3. (a) PRINT FULL NAME GRATZ BROWN LINDSAY 532

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Scott Lindsay 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 6 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 5 15 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ironton, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R. R. Official

11. Industry or business Wabash R. R.

12. Name Col. James Lindsay

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Geraldine Peck

15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]  
 (b) Address 5412 Cabanne Ave.

17. (a) Cremation (b) Date thereof Aug. 23, 39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander + Sons  
 (b) Address 6175 Delmar Blvd

19. (a) AUG 29 1939 (b) J. B. Budick  
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 5  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5412 Cabanne Ave.,  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27  
 year 1939 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb 1st  
 \_\_\_\_\_, 1939, to Aug 20, 1939,  
 that I last saw him alive on Aug 21, 1939,  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Myocarditis Duration 6 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Morton John Evered (M. D. or other) M.D.  
 Address 4129 W. Washington St. Date signed 8/21/39

**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.....

*Albert C. White*

Registered Apprentice No. *209*

working under my personal supervision.

Signed.....

*J. Wm. Binsley*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis Mo.*

**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.**