

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4194

1. PLACE OF DEATH:

(a) County 2  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4553 EASTON  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 537

8. (a) PRINT FULL NAME ALLEN E. LINDSEY

8. (b) If veteran, name war NONE 8. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife DORA 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased DECEMBER 8 1866  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace PARIS ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER + PAPERHANGER

11. Industry or business SELF

12. Name JOHN LINDSEY

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

14. Maiden name ELIZABETH EBERT

15. Birthplace UNKNOWN OHIO  
(City, town, or county) (State or foreign country)

16. (a) Informant Maudie Pichel

(b) Address 9637 TENNEYSON OVERLAND

17. (a) BURIAL (b) Date thereof 5-11-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA

18. (a) Signature of funeral director Collin Kelly

(b) Address 1716 N. TAYLOR

19. (a) MAY 10 1940 (b) J. B. Beck  
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4553 EASTON AVE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8<sup>th</sup>  
year 1940 hour 12 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 15/39  
Jan 15<sup>th</sup> 1939 to May 8<sup>th</sup> 1940  
that I last saw her alive on May 8<sup>th</sup> 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency  
Duration \_\_\_\_\_

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

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

Major findings: Of operations \_\_\_\_\_

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

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 E. B. Kinder (M. D. or other) \_\_\_\_\_  
Address 1427 N. Taylor Date signed May 9/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 Robert McNeary  
Licensed Embalmer No. 3732  
P. O. Address St. Louis

**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.**