

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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37350  
Registrar's No. 9623

791

1003

Registration District No. \_\_\_\_\_

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: Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo 5 das  
(Specify whether \_\_\_\_\_)  
In this community 35 years  
(years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2323 Spruce  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Hester Lindsey

3. (b) If veteran, name war Worlds War 3. (c) Social Security No. Unk.

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

6. (b) Name of husband or wife Helen Lindsey 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased September 28, 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 1 22 hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Henry Lindsey

18. Birthplace Tennessee  
(State or foreign country)

14. Maiden name Dickinson

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

16. (a) Informant's own signature Zilphia Smothers

(b) Address 2323 Spruce St.

17. (a) Burial (b) Date thereof 11/25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 3517 Soledad Ave

19. (a) NOV 22 1940 (b) [Signature]  
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20  
year 1940 hour 1:05 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from October 16, 1940 to November 20, 1940;  
that I last saw him alive on November 20, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Osteomyelitis, Rt Toe c Gangrene 1 year  
Bronchopneumonia 9 das

Due to non tubercular

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

Other conditions 107a  
(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. A. Mc Dowell (M. D. or other) \_\_\_\_\_

Address 2601 N Whittier Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

**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

*P. M. Green*

Licensed Embalmer No. ....

*1173*

P. O. Address

*3517 Seaside av*

**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.**