

S. No. 2
-1-4-41
5-17-39
VI X26390

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St Louis Mo.
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1307 Carr St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Louisa Lindsey
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced, or other status Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased May 12th, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 11 hr. min.

9. Birthplace St Louis Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER { 12. Name Robert Russ
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Freda Smith
(b) Address 1307 Carr St

17. (a) Burial (b) Date thereof 12-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem., Ellis Fun, Home

18. (a) Signature of funeral director
(b) Address 2820 Stoddard St

19. (a) DEC 27 1941 (Date received local registrar)
(b) J. J. Bulech (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State Missouri (b) County 000
(c) City or town St Louis 25 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1307 Carr St 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 7th 1941 to Dec 23rd 1941;
that I last saw him alive on Dec 23rd 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Duration
~~Acute myocardial infarction~~
Due to Chronic myocardial infarction

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?

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

23. Signature J. J. Bulech (M. D. or other)
Address 823 N. 16th St Date signed 12/23/41

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

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177
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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 L. Boy
..... Registered Apprentice No. my
working under my personal supervision.

Signed Lorraine Boykin
Licensed Embalmer No. 2946
P. O. Address H. Louis M.

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, fact should be so stated above.