

FILED OCT 29 1943

Registration District No. **317**

Primary Registration District No. **3063**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town KClayton Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
D.O.A. County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether

In this community..... (Yes or No)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1104 W. Big Bend  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22  
year 1943 hour..... minute 9:30 P.M.

21. I hereby certify that I attended the deceased from..... to.....  
that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration

Due to Coronary sclerosis.

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy Yes. gpa

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 3

23. Signature N. J. Meybale Deputy Coroner  
Address Kirkwood, Mo. Date signed 10-22-43

3. (a) PRINT FULL NAME James Norman Lindsay

3. (b) If veteran, name war..... 3. (c) Social Security No. None

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

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

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

8. AGE: Years Months Days If less than one day  
77 3 13 hr. min.

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

10. Usual occupation Weighmaster

11. Industry or business.....

12. Name Unk.

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

14. Maiden name Elizabeth Lockhart

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

16. (a) Informant H. E. Park

(b) Address 1104 W. Big Bend Rd.

17. (a) Burial (b) Date thereof 10-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem

18. (a) Signature of funeral director Louis H. Kopp Inc

(b) Address Kirkwood, Mo.

19. (a) OCT 23 1943 (b) C. J. McCarry, M.D.  
(Date received local registrar) (Registrar's signature)

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

96  
0  
0

2000

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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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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, fact should be so stated above.**