

LED JAN 3 1948 18

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **11452**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days
Life, (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mary Lindsay

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

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

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

7. Birth date of deceased May 15, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife,

11. Industry or business _____

12. Name Louis Falkner, 13. Birthplace England, 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown, 15. Birthplace do 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Conley, (b) Address 4168 Meramec,

17. (a) Burial (b) Date thereof 12/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery,

18. (a) Signature of funeral director Oscar J Hoffmeister
 (b) Address 4016 Chippewa,

19. (a) DEC 21 1948 (b) J. F. Budzek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 126
 (c) City or town St. Louis, Mo. 696
(If outside city or town limits, write "RURAL")
 (d) Street No. 918 Hempstead,
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month December day 19,
 year 1943 hour 4:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from December
15, 19 43. December 19, 19 43
 that I last saw her alive on December 19, 19 43
 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic Heart Disease
 Duration _____

Due to Lobar Pneumonia

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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) None
 (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) (a) Means of injury _____

23. Signature William D. Duff (M. D. or other) _____
 Address 1515 Lafayette Avenue, Date signed 12/20/43

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

MOTHER FATHER

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3830 Botanical St. Denver

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.