

No. 2  
-2-43  
-17-39  
X35697

FILED FEB 11 1944 18

State File No. \_\_\_\_\_

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

Primary Registration District No. 1003

Registrar's No. 1124

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution sixteen days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis

(c) City or town KIRKWOOD  
(If outside city or town limits, write "RURAL")

(d) Street No. 505 S. ELLIOTT AVE.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Katie Mae Lindsey

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7  
year 1944 hour 8:40 minute 0 M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David W. Lindsey

6. (c) Age of husband or wife if alive 64

7. Birth date of deceased 3-18-83  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 3, 1944, to 2/7, 1944, that I last saw him alive on 2/10/44, and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 5 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cancer of liver

Duration \_\_\_\_\_

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

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

10. Usual occupation House wife

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

11. Industry or business Home

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

12. Name Ellis Gracey

Major findings: \_\_\_\_\_

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

Of operations \_\_\_\_\_

14. Maiden name Jane Taylor

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

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant W. W. Lindsey

22. If death was due to external causes, fill in the following:

(b) Address 505 S. Elliott Ave. Kirkwood

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) Burial (b) Date thereof 2-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial or cremation Farther Dickson

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

18. (a) Signature of funeral director J. W. Bruce

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(b) Address 1003 N. Harrison Ave.

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

19. (a) FEB 4 1944 (b) J. J. Brueck  
(Date received local registrar) (Registrar's signature)

23. Signature P. L. Reynolds (M. D. or other) \_\_\_\_\_  
Address W. H. ... Date signed 2/9/44

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

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Clark Yarrow

Licensed Embalmer No. 3371

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, fact should be so stated above.