

FILED FEB 11 1948

Registration District No. 348

Primary Registration District No. 1003

State File No.

Registrar's No.

1085

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2344 Whittmore Pl.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME PAUL DEWAIN LINDSEY

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife infant 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 6th 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 24 ..hr. ..min.

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

10. Usual occupation Infant

11. Industry or business None

MOTHER FATHER { 12. Name Lloyd Lindsey
13. Birthplace Winona, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Edith Conley
15. Birthplace Stone Hill, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Lindsey
(b) Address 2344 Whittmore Pl.

17. (a) Burial (b) Date thereof 2/1/44.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Motor to Winona, Mo.

18. (a) Signature of funeral director A. W. McLaughlin
(b) FEB 3 1944 2301 Lafayette Ave.

19. (a) FEB 3 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th
year 1944 hour 12 minute 55 a.m.

21. I hereby certify that I attended the deceased from Jan 26 1944 to Jan 30 1944
that I last saw him alive on Jan 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to cause unknown
Due to 114

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 114
Of autopsy 114
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) No
(b) Date of occurrence No
(c) Where did injury occur? No (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 J. F. Bredek (M. D. or other) 1-31-44
Address Mo. Theatre Bldg Date signed

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

1085

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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.....

J R Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.