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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16532

FILED JUN 1 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4825

1. PLACE OF DEATH: 2619.A.Dickson, St,
(a) County St Louis,
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2619. A. Dickson. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community (8) Eight. Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County
(c) City or town StLouis, 2619.A.Dickson, (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) Born, in U.S.OF.A.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME Rev. Allen. Lee Lindsey. Sr.
3. (b) If veteran, name war None
3. (c) Social Security No. 489-16-7683
4. Sex Male
5. Color or race Colored /
6. (a) Single, married, widowed, divorced Married
6. (b) Name of husband or wife Mary Ann Lindsey,
6. (c) Age of husband or wife if living About 67 years
7. Birth date of deceased July. 19 th 1883 (Month) (Day) (Year)

8. AGE: Years 60. Months 10 Days 3 If less than one day hr. min.

9. Birthplace Lee. County (City or town) Mississippi (State or foreign country)
10. Usual occupation Un-Employed,
11. Industry or business

MOTHER FATHER
12. Name Horace. Lindsey
13. Birthplace Miss. / (City or town) (State or foreign country)
14. Maiden name Caroline Benjerman
15. Birthplace Miss. / (City, town, or county) (State or foreign country)

16. (a) Informant A. L. Lindsey Jr.
(b) Address 2619.A.Dickson, St StLouis, Mo
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5/28/ 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park. Cem.
18. (a) Signature of funeral director
(b) Address 2812 Thomas, St. StLouis, Mo.
19. (a) MAY 25 1944 (Date received by local registrar) (b) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd, year 1944. hour 6;30 minute P. M.
21. I hereby certify that I attended the deceased from May 21, 19 44, to May 22 19 44 that I last saw him alive on May 22 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cardiac Asthma
Due to Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

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 Fielder (M. D. or other)
Address Date signed 5/24/44

(Licensed Embalmer's Statement on Reverse Side)

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 .....

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

working under my personal supervision.

Signed ..... [signature]

Licensed Embalmer No. 2 / 60

P. O. Address 2812 Thomas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.