U. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1946

State File No. 6953

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 278303

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours (Specify whether years, months or days) In this community 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Pattonville (If outside city or town limits, write "RURAL")
(d) Street No. St Charles & Adie (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME David Carl Lindquist
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 22 (Day) 45 (Year)

8. AGE: Years | Months 6 | Days 12 | If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Glen Lindquist
13. Birthplace Lincoln Co Neb (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Olive Ellis
15. Birthplace Stego Kansas (City, town, or county) (State or foreign country)
16. (a) Informant Mother
(b) Address St Charles & Adie Rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) 2-6-46 (Date received local registrar) (b) E. L. McGannon MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3 year 46 hour 2 30 minute P M.
21. I hereby certify that I attended the deceased from 2-3, 1946 to 2-3, 1946 that I last saw him alive on 2-3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death 1st & 2nd degree burns of trunk, upper extremities & neck — Duration
Due to
Due to 1811
Other conditions (Include pregnancy within 3 months of death) 18
Major findings:
Of operations
Of autopsy

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) Accident 96
(b) Date of occurrence 2-3-46
(c) Where did injury occur? Overland (City or town) St Louis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? NOME (e) Means of injury Burns
23. Signature John T. Farrar (M. D. or other) MD
Address 601 Brentwood Clayton Date signed 2/11/46

(Licensed Embalmer's Statement on Reverse Side)

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

5904

## 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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

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.**