

FILED MAY 2 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3727

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: Barnes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 63 days
In this community 34 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL") NR 4
(d) Street No. 608 Oakland
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MBESSA LINDSAY

3. (b) If veteran, name war no

3. (c) Social Security No. -

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife GEORGE C. LINDSAY 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased MAY-28-1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 24 If less than one day - hr. - min.

9. Birthplace WIRT-JEFFERSON CO INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation TEACHER-RETIRED

11. Industry or business PUBLIC SCHOOLS

12. Name JAMES CLARK HILL
13. Birthplace JENNINGS CO INDIANA
(City, town, or county) (State or foreign country)
14. Maiden name NANCY JANE LANHAM
15. Birthplace CARROLTON KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Dr JULIA L ADAMS
(b) Address MUNCIE INDIANA

17. (a) REMOVAL (b) Date thereof APRIL 25-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HA OVER INDIANA

18. (a) Signature of funeral director Parker Lind Co.

(b) Address WEBSTER GROVES, MO.

19. (a) APR 23 1946 (Date received local registrar)
J. F. Breda (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st
year 1946 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from February 17, 1946 to April 21, 1946
that I last saw her alive on April 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of colon with metastasis to lungs and abdominal organs
Due to: 6 mos or more
Due to: more

Other conditions: Ho
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of colon with metastasis
Of autopsy consolidation of operation
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 _____
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) (e) Means of injury D

23. Signature Gordon F. Moore (M. D. or D. O.)
Address Barnes Hospital Date signed 4/21/46

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

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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.....

Leslie Welch

Licensed Embalmer No. *4395*

P. O. Address *Maple Grove*

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.