

Registration District No. 317

Primary Registration District No. 6075

Registrar's No. 1351

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Vinita Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6310-Page Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Amanda Lindsey

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 8cd. years

7. Birth date of deceased Feb 16 1852
(Month) (Day) (Year)

8. AGE: Years 96 Months 3 Days 11 If less than one day hr. min.

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

10. Usual occupation Householder

11. Industry or business

12. Name Samuel Burt

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

14. Maiden name Mary Jane Briggs

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

16. (a) Informant Tracy R. Lindsey

(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof 5-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director William Burt

(b) Address 2504-Woodson Rd-Overland-48-Mo.

19. (a) 5-28-48 (b) Paul J. Hay
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town WHEELS TOWNE
(If outside city or town limits, write "RURAL")
(d) Street No. 6310-Page Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1946 to May 27 1948
that I last saw h. ed. alive on May 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Seminality
disruption
Due to Astero Sclerosis
97

Duration
1 1/2
years

Other conditions (Include pregnancy within 3 months of death)

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)
(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?

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

23. Signature Leontine Peterson (M. D. or other)
Address Richmond Heights Mo Date signed May 29-48

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, Mo.

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.