

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25004**
Registrar's No. **6386**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St Clair	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St Louis Illinois	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 837 N 36th St. 8120 E	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Lee c. (Last) Lindsay			4. DATE OF DEATH (Month) (Day) (Year) July 25 1950		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (By, of, to)	8. DATE OF BIRTH Oct 28 1885	9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY Terminal RR	11. BIRTHPLACE (State or foreign country) Panama Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Lindsay	13b. MOTHER'S MAIDEN NAME Susan King	14. NAME OF HUSBAND OR WIFE Goldie Lindsay
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Goldie Lindsay ADDRESS E. St Louis Ill
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma prostate DUE TO (c) Pyloroplithic Acute		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia			48 hours

19a. DATE OF OPERATION July 19, 1950	19b. MAJOR FINDINGS OF OPERATION Metastasis - Cordotomy performed	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 177X

22. I hereby certify that I attended the deceased from **July 20, 1950**, to **July 25, 1950**, that I last saw the deceased alive on **July 24, 1950**, and that death occurred at **4:25 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Lavater M.D.	23b. ADDRESS 515 Pavilion Webster University	23c. DATE SIGNED July 25, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) East St Louis Ill
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DATE REC'D BY LOCAL REG. JUL 25 1950	REGISTRAR'S SIGNATURE J. B. Lavater	25. FUNERAL DIRECTOR'S SIGNATURE W. K. Kurrer ADDRESS E. St Louis Ill
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

A. K. Kurran

Signed _____

Student Embalmer

Licensed Embalmer No. 2162

P. O. Address Est Louis Ill

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.