

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10353

State File No. 2866

Registrar's No.

FILED APR 9 1951

BIRTH NO. 10560-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY MO.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. Louis		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.A. Hamer Phillips		20. STREET ADDRESS (If rural, give location) 2704^a Howard St	
3. NAME OF DECEASED (Type or Print) Chimmie Lee Lindsey		4. DATE OF DEATH (Month) (Day) (Year) 3-24-51	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ()	8. DATE OF BIRTH 2-6-51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) ST. Louis, MO.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Chimmie Lindsey		13b. MOTHER'S MAIDEN NAME Ethel Siner	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT'S SIGNATURE OR NAME Chimmie Lindsey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Third Degree Burns of entire body; ANTECEDENT CAUSES suffered when burned in fire at home at 2704-a Howard St., from defective oil stove, about 8:25 P.M., March 24, 1951; DUE TO (b) Damage to building \$1200.00, contents \$350.00 DUE TO (c) ACCIDENT II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NOO E 9160	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo. 16	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3/24/51 8:25P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? See Above		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:25P.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Patrick E. Taylor 3		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3-27-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3-28-51		24c. NAME OF CEMETERY OR CREMATORY Oak Dale	
24d. LOCATION (City, town, or county) (State) Solomon County Mo		25. FUNERAL DIRECTOR'S SIGNATURE W. Robinson & Sons	
DATE REC'D BY LOCAL REG. MAR 27 1951		ADDRESS 1720 O'Fallon	

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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.