

5. No. 300
V. 10.48

REC FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3044

State File No.

318

1003

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1819A Chouteau				d. STREET ADDRESS (If rural, give location) 1819A Chouteau				
3. NAME OF DECEASED (Type or Print) a. (First) Lillian L. b. (Middle) c. (Last) Lindsley			4. DATE OF DEATH (Month) (Day) (Year) 1-21-52					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3-1-1890		9. AGE, (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Charles Rrewer		13b. MOTHER'S MAIDEN NAME Susan Dye		14. NAME OF HUSBAND OR WIFE Frank				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Lindsley, 1819A Chouteau, St. Louis				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchitis, acute</u> DUE TO (c) <u>Arteriosclerosis chronic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 days</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500				
22. I hereby certify that I attended the deceased from <u>2-24-51</u> , 19 <u>51</u> , to <u>1-21-52</u> , that I last saw the deceased alive on <u>1-20-52</u> , and that death occurred at <u>5 1/2 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Geo. A. Seib M.D.</u>				23b. ADDRESS <u>2323 Lafayette St. Louis</u>		23c. DATE SIGNED <u>1/22/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-23-52	24c. NAME OF CEMETERY OR CREMATORY Park Lawn		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. 1-22-52		REGISTRAR'S SIGNATURE, <u>Earl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's 2301 Lafayette, St. Louis, Mo.			

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.

Student
Student Embalmer

Signed *J. L. Harris*

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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.