

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10261

State File No.

FILED MAR 24 1952

2061

Registrar's No.

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 **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** **2269**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Firmin Desloge Hospital**
d. STREET ADDRESS (If rural, give location) **2916 Hadley Avenue**

3. NAME OF DECEASED (Type or Print)
a. (First) **Ancile** b. (Middle) _____ c. (Last) **Lindsay**
4. DATE OF DEATH (Month) (Day) (Year) **3-2-52**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **2-27-94** 9. AGE (In years last birthday) **58** 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) **Laborer**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **Oklahoma**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **George Lindsay** 13b. MOTHER'S MAIDEN NAME **Della Davison** 14. NAME OF HUSBAND OR WIFE **Lindsay Pearl A. Lindsay**

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. **49)0-18-82 12**
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Robert I. Lindsay 2916 Hadley**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Rheumatic heart disease**
INTERVAL BETWEEN ONSET AND DEATH **years**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Pyloric obstruction**
weeks

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **H/BK**

22. I hereby certify that I attended the deceased from **3-1-52** to **3-2-52**, 19____, that I last saw the deceased alive on **3-2-52**, 19____, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) **James J. Pampush M.D.** 23b. ADDRESS **1325 S. Grand, St. Louis 4, Mo.** 23c. DATE SIGNED **3/4/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **3 5 52** 24c. NAME OF CEMETERY OR CREMATORY **Friedens** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo**

DATE REC'D BY LOCAL REG. **MAR 4 1952** REGISTRAR'S SIGNATURE **Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **A K - 07 L & N Co 2707 77 Grand**

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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.