S. No. 300
v. 10.48

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

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30186

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7053

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Enroute to Homer Phillips Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo.
b. COUNTY 2054
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0
d. STREET ADDRESS (If rural, give location) 5 5259 Vernon

3. NAME OF DECEASED (Type or Print)
a. (First) Percy
b. (Middle)
c. (Last) Lindsey, Jr.

4. DATE OF DEATH (Month) 7 (Day) 16 (Year) 53

5. SEX Male 2
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH 9-18-28
9. AGE (In years last birthday) 24 — 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 Auto Sale Co.
11. BIRTHPLACE (State or foreign country) Bonita, Louisiana 1
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Percy Lindsey
13b. MOTHER'S MAIDEN NAME Doris Clacks
14. NAME OF HUSBAND OR WIFE Nancy Lee Lindsey-Wife

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) KOREAN WAR - Yes
16. SOCIAL SECURITY NO. 489-34-2197
17. INFORMANT'S SIGNATURE OR NAME Mrs. Nancy Lee Lindsey ADDRESS 5259 Vernon

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exanguination from shotgun wound of the left Pulmonary Artery inflicted with gun in the hands of one Eddie

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.
Jarrett in front of about 3129 La Salle Ste on July 16 1953 at about 1220 am Homicide

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 1220 am
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) Mo (STATE)

21d. TIME OF INJURY (Month) July (Day) 16 (Year) 53 (Hour) 12 20 am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E981X

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 1250 am., from the causes and on the date stated above.*

23a. SIGNATURE Patrick E. Taylor 3 (Degree or title) Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 7 18 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7-22-53
24c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks Cemetery
24d. LOCATION (City, town, or county) St. Louis County (State) Mo

DATE REC'D BY LOCAL REG. JUL 18 1953
REGISTRAR'S SIGNATURE J Earl Smith MD MSB
25. FUNERAL DIRECTOR'S SIGNATURE Geo. H. Bruce ADDRESS 4469 Washington

(Licensed Embalmer's Statement on Reverse Side)

OCT 6 1958

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 Leroy W. Funnister

Signed.....
Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Ave

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.