

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34648**

FILED OCT 9 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>100</u>		Registrar's No. <u>2511</u>	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Manchester, Mo.		c. LENGTH OF STAY (in this place) 5 Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Nursing Home				d. STREET ADDRESS (If rural, give location) 4245 Warne Avenue.			
3. NAME OF DECEASED (Type or Print) William		a. (First) William		b. (Middle) W.		c. (Last) Lindsey	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Aug. 11, 1868		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days 85		IF UNDER 2 HRS. Hours Min. 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Section R.R.		11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME unt. Weber		14. NAME OF HUSBAND OR WIFE DIVORCED			
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. 702-12-7529		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Milford G. Lindsey 4245 Warne Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 yr	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mycocarditis, Chronic		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unknown				II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1 Sept. 1953</u> , to <u>24 Sept. 1953</u> , that I last saw the deceased alive on <u>23 Sept. 1953</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W. Barnett M.D.</i>				23b. ADDRESS <i>1041 E. Manchester St. Kirkwood, Mo.</i>		23c. DATE SIGNED <i>25 Sept. 1953</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-26-1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. 9/25/53		REGISTRAR'S SIGNATURE <i>Heber P. Sonke M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave.			

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

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1953

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.....

Welford G. Beasley

Licensed Embalmer No.

4202

P. O. Address

Howe, Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.