

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 - 1955

State File No. **24040**
Registrar's No. **5423**

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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.	c. LENGTH OF STAY (in this place) 9 days	c. CITY OR TOWN University City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 6606a Partmer	

3. NAME OF DECEASED (Type or Print) a. (First) Ruby b. (Middle) Darlene c. (Last) Lindsey			4. DATE OF DEATH (Month) (Day) (Year) June 20, 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 11, 1923	9. AGE (In years last birthday) 32 yrs	IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer Stoker		10b. KIND OF BUSINESS OR INDUSTRY Auto-Firing Corp		11. BIRTHPLACE (City and State or Foreign Country) Russel, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Edwin B. Gordon		13b. MOTHER'S MAIDEN NAME Lula D. Deuschle		14. NAME OF HUSBAND OR WIFE Marion L. Lindsey	
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. 487-20-6155		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Marion L Lindsey 6606a Bartmer Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH Intermittent 16 yrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Agramulocytosis		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombocytopenia Purpura Gangrenous Stomatitis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 297 X		

22. I hereby certify that I attended the deceased from **June 11, 1955**, to **June 20, 1955**, that I last saw the deceased alive on **June 20, 1955**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>C. J. Vermillion, M.D.</i>		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 6/20/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 23, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
		24d. LOCATION (City, town, or county) St. Louis Co., Mo.			

DATE REC'D BY LOCAL REG. JUN 22 1955		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wm. Alexander & Sons 6175 Delmar</i>	
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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
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Jas. E. McCulloch

Licensed Embalmer No. 240

P. O. Address..... 41752

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.