

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26314

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6675

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>ST. LOUIS</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>2410 2643<sup>rd</sup> WYOMING</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VENA</u> b. (Middle) <u>LINDSAY</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 16 1957</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 31 1899</u>
9. AGE (In years last birthday) <u>58</u> If UNDER 1 YEAR Months Days If UNDER 1 yr. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>PHILIP ROHS</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>HAROLD LINDSAY</u>	
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. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HAROLD LINDSAY</u>		17. ADDRESS <u>2643 WYOMING</u>	
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>Guns shot wound of chest</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>self inflicted, at home</u> <u>at July 16th, 1957 about</u> <u>4:30 am, E 976x</u>  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 HOUSING (Specify) <u>House</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 16 57 4:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
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 <u>5:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>James M. Beely</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>7-17-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JULY 18 1957</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LAKWOOD PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO, MO</u>	
DATE REC'D BY LOCAL REG. <u>JUL 17 57</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Rutes</u>		ADDRESS <u>2906 Grand</u>	

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.....  
Signature of Student Embalmer

Signed..... *Lee J. Budde*

Licensed Embalmer No. *398*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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