

THE DIVISION OF HEALTH OF MISSOURI 42916-58 **58-030688**
STANDARD CERTIFICATE OF DEATH State File No. **7818**

FILED AUG 28 1958

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7818	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE, MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (in this place township) 1. Mo. 22		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOSPITAL-27				d. STREET ADDRESS (If rural, give location) 2790, THOMAS STREET			
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL		b. (Middle) K		c. (Last) LINDSEY		4. DATE OF DEATH (Month) (Day) (Year) 8 -- 10 -- 1958	
5. SEX MALE 2		6. COLOR OR RACE COL.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) NEVER MARRIED 8		8. DATE OF BIRTH 6 -- 18 -- 1958	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY DOMESTICS		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CLAUDE B. LINDSEY			13b. MOTHER'S MAIDEN NAME EDDIE GREEN			14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Claude B Lindsey		ADDRESS 2904. THOMAS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Dehydration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2. Malnutrition DUE TO (c) 77210 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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 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 11:58 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph E. Linn (Deputy or title) Deputy				23b. ADDRESS 300 Clark		23c. DATE SIGNED 8/12/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8/13/58		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEMSTERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS. MISSOURI	
DATE REC'D BY LOCAL REG. AUG 12 '58		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Estella S. White		ADDRESS 2616, No. Garrison	

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 _____

This Body Not Embalmed Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *Estelle S White* _____

Licensed Embalmer No. _____

P. O. Address *2516 W. Harrison* _____

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.