

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047257

STATE FILE NUMBER

FILED JAN 19 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12653

300  
-57

12

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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, give TOWNSHIP only) OR TOWN <i>St Louis Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer G. Phillips</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>224108 1/2 Ohio St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Jessie Lindsey</i>			4. DATE OF DEATH Month Day Year <i>12-27--58</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 9, 1905</i>		9. AGE (In years last birthday) <i>53</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>house wife</i>		11. BIRTHPLACE (City and state or country) <i>Pacific, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>Chas Hardon</i>			
13b. MOTHER'S MAIDEN NAME <i>Matha Roberts</i>		14. NAME OF HUSBAND OR WIFE <i>Chas. Lind <del>son</del></i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, NO (unknown)) (If yes, give year or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Juanita Minger 1545 Carver Lane</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cocaine Poisoning.</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to cause (a), (b), or (c). <i>White exudate, gasping, aspiration (trauma scopy) fat liver</i>					
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter only injury in PART I or PART II of item 18.) <i>Phillips Hospital, December 27, 1958</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Hour Month, Day, Year <i>12 27 58</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>11 Hosp</i>	
20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>1015 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Elson E. Duple 3</i>			22b. ADDRESS <i>1300 Olive</i>		22c. DATE SIGNED <i>12/20/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>1-3-59</i>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park Cemetery</i>	
23d. LOCATION (City, town, or county) <i>St. Louis, Co. Mo.</i>		23e. STATE			
24. FUNERAL DIRECTOR <i>S. J. Watson</i>		ADDRESS <i>2769 Chouteau</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 30 '58</i>	
26. REGISTRAR'S SIGNATURE <i>J. C. Smith MO</i>					

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 *S. J. Watson* .....  
Licensed Embalmer No. *2698* .....  
P. O. Address *2769 Charlotte* .....

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.