

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22410

1. PLACE OF DEATH

County.....
Towship.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *6602*
St..... Ward.....

2. FULL NAME

(a) Residence. No. *562* *Blanch St.* Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lydia Lynch*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb - 18 - 1869*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 4 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Motorman*
(b) General nature of industry, business, or establishment in which employed (or employer) *Public Service*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Michael Lynch*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

12. MAIDEN NAME OF MOTHER *unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

14. INFORMANT *Lydia Lynch*
(Address) *562 Blanch St.*

15. FILED *23* *May* *Stark* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 21 1928*

17. I HEREBY CERTIFY That I attended deceased from *Feb 4*, 19*28*, to *June 20* 19*28* that I last saw him *alive* on *June 20* 19*28*, and that death occurred, on the date stated above, at *6:00* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Myocarditis
98B
duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) *Arteriosclerosis*
duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *Edmund H. Hill* M. D.
June 23 1928 (Address) *3772 Poindroy*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Victoria Mo *6/24 1928*

20. UNDERTAKER ADDRESS

Southern U. I. Co *7315 S. Bidway*

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

