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

Do not use this space.

2842

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 283

Township ..... Primary Registration District No. ..... Registered No. 283

City St. Louis (No. 4020 Kennerly av St. ..... Ward)

2. FULL NAME Jane Lynch

(a) Residence. No. 4020 Kennerly av St., 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ Thomas Lynch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20 - 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	7	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Ormsley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

14. INFORMANT Michael Lynch
(Address) 4020 a Kennerly

15. FILED JAN - 9 1930 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan the 1 th, 1930, to Jan the 7 th, 1930, that I last saw h. alive on January the 7 th, 1930, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(a) Chronic endocarditis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chronic Rheumatism

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. Reinhardt Parker, M. D
Jan 8th, 1930 (Address) 3318 S. Grand av

*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
Calvary Cemetery	Jan 10 1930

20. UNDERTAKER	ADDRESS
Cullinane Bros	1710 N Grand Ave

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.

Grand & Utah Sr