

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

Do not use this space.

27982

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 1002  
 City (St. Louis) (No. New Deaconess Hosp) St. 4 (Ward)

File No. ....  
 Registered No. 7809

**2. FULL NAME**

Halsey Lynch  
 (a) Residence. No. 1024 Oakview St. 4 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 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 Harry P. Lynch, Jr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19<sup>th</sup> 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>23</u>	<u>4</u>	<u>14</u>	

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) 121 29  
 (c) Name of employer 122

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

10. NAME OF FATHER Oscar John

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Maud Minard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Harry P. Lynch, Jr.  
 (Address) 1024 Oakview

15. FILED AUG - 19 1930  
 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug, 3, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1930, to Aug 3, 1930  
 that I last saw h. alive on Aug 2, 1930, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Paralytic Ileus  
Paralysis of Hypertension  
appendedectomy  
 (duration) yrs. mos. ds. 5  
 CONTRIBUTORY (SECONDARY) Operation for bl. Appendicitis  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 28-30  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Symptoms  
 (Signed) R. W. H. M. D.  
 (Address) 12838 S Grand Bl  
 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 Gion Cemetery  
 DATE OF BURIAL Aug 4<sup>th</sup> 1930

20. UNDERTAKER C. R. Rupton  
 ADDRESS 449

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.

2838-Grand

Laclade 0668

1-2