

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

Do not use this space.

24002

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 790
 2 Township Central Primary Registration District No. 6033
 7 City Clayton (No. St. Louis County Hospital) St. _____ Ward _____

2. FULL NAME Lynn, Ruby
 (a) Residence, No. 1003 Brownell St. Blendale Ward. Blendale
 (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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) no 11. Total time (years) spent in this occupation no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co.

13. NAME Gaul Lynn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 28

15. MAIDEN NAME Betty Kostick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Betty Lynn 1003 Brownell Blendale mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery 7-27 1932

19. UNDERTAKER (ADDRESS) Louis T. Rapp

20. FILED July 27 1932 R. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1932
 I HEREBY CERTIFY, That I attended deceased from 6-5 1932 to 7-22 1932
 I last saw her alive on 7-22 1932 Death is said to have occurred on the date stated above, at 9:20 pm.
 The principal cause of death and related causes of importance were as follows:

Prima facie Hydrocephalus
157A
159
 Other contributory causes of importance: 157A
 Date of onset at Birth

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) J. A. Rogers M. D.
 (Address) St. Louis County, Mo.

MARGIN RESERVED FOR BINDING

V. No. 2

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

AUG 27 1932

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.

