

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.

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

Do not use this space.

38134

1. PLACE OF DEATH

County ..... Registration District No. **701**  
Township **St. Louis** ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **4441**) **M. P. Pherson Ave.** ..... Registered No. **9767** ..... Ward)

2. FULL NAME

(a) Residence, No. **4441 M. P. Pherson** St. **19** Ward. (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

<del>Male</del> <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>—</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb 25 - 1862</b>		
7. AGE	YEARS <b>70</b>	MONTHS <b>8</b>
	DAYS <b>16</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housewife</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>at home</b>	
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Mo</b>		
FATHER	13. NAME <b>John Lynch</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>	
MOTHER	15. MAIDEN NAME <b>Mary O'Hearn</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>	
17. INFORMANT <b>Mrs. Anna Landolt</b> (ADDRESS) <b>4441 M. P. Pherson</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Cabony Cem</b> DATE <b>Nov. 14 1933</b>		
19. UNDERTAKER <b>Peter T. Brennan</b> (ADDRESS) <b>3229 Lafayette St</b>		
20. FILED <b>NOV 13 1933</b> <b>J. Brudick</b> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 11 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1 1932**, to **Nov 11 1933**  
I last saw her alive on **Nov 11 1933** Death is said to have occurred on the date stated above, at **8:15 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Chronic myocarditis**  
**with Hypertension**  
Date of onset **1-1-32**

Other contributory causes of importance:  
**Cordis Truncatus Rerod. Dissect.**  
**with Hypertension**  
Date of onset **1-1-32**

Name of operation **None** Date of .....  
What test confirmed diagnosis? **Bld. Pressure** 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? **No**  
If so, specify .....  
(Signed) **A. J. Raymond**, M. D.  
(Address) **4390 N. Pine St**

Dr. Raymond  
4390 W. Pine

1056