SEP 25 1934

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

Do not use this space.

33983

1. PLACE OF DEATH

County: St Louis — Registration District No.: 769 6033 ~~501~~ ~~1003~~ — File No.:

Township: Central — Primary Registration District No.: — Registered No.: 260

City: Webster (No. 6424, Chatham Ave St. Ward)

2. FULL NAME: Elmer Lyon

(a) Residence, No. 6424 Chatham St., 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 15-1855

7. AGE: Years 79. Months 0. Days 17. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Frog & Switch Co.

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): Iowa

FATHER

13. NAME: Thomas Lyon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT: Dorothy Weinich
(ADDRESS) 6325 Linox Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Mathews DATE: 9-5 1934

19. UNDERTAKER: Edith C. Ambruster
(ADDRESS) 4234 Manchester Ave

20. FILED: 9-8-34 ~~H. J. Bieseck~~ Registrar. A. W. Bachmer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1934, to Sept 24th, 1934. Last saw him alive on Sept 24th, 1934. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stroke of Apoplexy	Sept 24 1934
93D	
97B	
Other contributory causes of importance:	
Myocarditis	93D 1934

Name of operation: None Date of: —

What test confirmed diagnosis? Clinical 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) Joseph M. Tracy, M. D.

(Address) 433 Nutwood Citizens Bldg.

WRITE 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.