Liggett

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

MAR 28 1935

Do not use this space.

6763

1. PLACE OF DEATH
County: St Louis — Registration District No. 790
Township: — Primary Registration District No. 60334
City: Clayton (No. 150 Bemiston Ave St. Ward)
File No.
Registered No. 54

2. FULL NAME: James H. Lynch
(a) Residence, No. 150 N Bemiston 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): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara J Lynch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 6 - 1860
7. AGE: YEARS 74 — MONTHS 5 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Architect
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

FATHER
13. NAME: John Lynch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Emily Hallowell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

17. INFORMANT (ADDRESS): Hal H H Lynch, 150 Bemiston ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla Cem. DATE: Feb. 5th 1935
19. UNDERTAKER (ADDRESS): Fred M Williams, 4535 Washington Ave
20. FILED: 2-4, 1935 Robt J Ambrusta, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 2, 1935
22. I HEREBY CERTIFY, That I attended deceased from September, 1933, to Feb. 2, 1935
I last saw him alive on Jan. 28, 1935. Death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General & Cerebral Arterio-sclerosis	2 yrs +
1872	
Other contributory causes of importance: Acute Bronchopneumonia	2 days

Name of operation: none — 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? no
If so, specify
(Signed) Hiram S. Liggett, M. D.
(Address) 3720 Washington Blvd - St Louis, Mo

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.

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