

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.

MAR 25 1936

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

Do not use this space.

12301

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township North Broadway Primary Registration District No. 6033
City Bellevue (No. 3017) Arbmont, St. _____ Ward _____

File No. _____
Registered No. 80
St. _____ Ward _____

2. FULL NAME

John M. Lynch
(a) Residence, No. 3017 Arbmont St. _____ 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 Male 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 Catherine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 4 20

8. Trade, profession, or particular kind of work done, as printer, sawyer, bookkeeper, etc. Handy woman
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME George Lynch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Catherine Siefert

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

17. INFORMANT (ADDRESS) Catherine Lynch
3017 Arbmont

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 3-11- 1936

19. UNDERTAKER (ADDRESS) Hartigant & Sheehan
4415 Washington Blvd

20. FILED 3-9- 1936 W. Bachner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936, to March 7, 1936
I last saw him alive on March 7, 1936 Death is said to have occurred on the date stated above, at 9, m.

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

Ch. Myocarditis

Date of onset Unknown

Other contributory causes of importance:
Severe - Bronchial Pneumonia

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? _____

(Signed) W. Bachner, M. D.
(Address) 3004 South Grand Blvd.
St. Louis

6121 Newton