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.

JUN 12 1937

791

18544

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5120

City ST. LOUIS MO. (No. LUTHERAN HOSPITAL St. ..... Ward)

2. FULL NAME ANDREW O. LYNN.

(a) Residence, No. 2604A PARK AV St., 23 Ward. (If nonresident, give city or town and State)
(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.

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~~ HARRYETTE LYNN.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 14-1877

7. AGE: YEARS 60 MONTHS 1 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PAPERHANGER.

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) ST. LOUIS MO.

FATHER

13. NAME ARTHUR G. LYNN.

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

MOTHER

15. MAIDEN NAME MARYANN McKAY

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

17. INFORMANT (ADDRESS) MRS. H. LYNN. 2604A PARK AV.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ZION CEM. DATE MAY 22, 1937

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette av

20. FILED MAY 22 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937, to May 20, 1937

I last saw him alive on May 19, 1937. Death is said to have occurred on the date stated above, at 5:15 A.m.

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

	Date of onset
Cerebral Haemorrhage	5/16/37
Other contributory causes of importance:	
Arterial Sclerosis	1930
Chronic Interstitial Nephritis	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. 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) Kenny S. Brooxes, M. D.

(Address) 3557 Lafayette Ave