

DEC 13 1937 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39625
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **10612**
 (c) City **St. Louis Mo** (d) Street No. **4355** **Washington** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Thomas Lynch**

(a) Residence, No. **4355 Washington** St. **19**
 (Usual place of abode, if no street address, write county or city) (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) **Divorced**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nettie Lynch, Montroy**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 62
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Commission Man.**
 9. Industry or business in which work was done, as 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) **Louisville Ky**
 13. NAME **Unknown**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT **Ruth Lynch**
 (ADDRESS) **4355 Washington**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews Cm** DATE **11-18 1937**
 19. FUNERAL DIRECTOR **Roland Mortuary Service**
 (ADDRESS) **4355 Washington**
 20. **NOV 16 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-16 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **11-10 1937**, to **11-16 1937**
 I last saw him alive on **11-15 1937**. Death is said to have occurred on the date stated above, at **3:45 P.M.**
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Arteriosclerosis
 Date of onset **10-26 37**
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? **Chinise** 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?
 If so, specify
 (Signed) **J. S. Lewis**, M. D.
 (Address) **453 N Taylor**

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.

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STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by John Ketter

L. E.

No. 3880 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Howard F Rowland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)