

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

8679  
Do not use this space.

1. PLACE OF DEATH APR 1 1938 2  
 (a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1003  
 (c) City Saint Louis (d) Street No. 2824 Bernard Street 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 Unavailable (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert William Lyons 52.0  
 (a) Residence, No. 2824 Bernard St. St. 22 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Lela Lyons  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26, 1875  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 62 6 6  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Car Cleaner  
 9. Industry or business in which work was done, as saw mill, bank, etc. Terminal Ry Ass'n  
 10. Date deceased last worked at this occupation (month and year) February, 1938 11. Total time (years) spent in this occupation 30  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City / Kansas /  
 FATHER 13. NAME March Lyons /  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable / Kansas /  
 MOTHER 15. MAIDEN NAME Lizzie Brown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable / Kansas /  
 17. INFORMANT (ADDRESS) Lela Lyons / 2824 Bernard Street /  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE March 8, 1938  
 19. FUNERAL DIRECTOR (ADDRESS) Charles J. Gates / 4107 Finney Avenue /  
 20. FILED MAR 7 1938 J. D. Bredeek

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from February 15, 1938, to March 2, 1938  
 I last saw him alive on March 2, 1938. Death is said to have occurred on the date stated above, at 7:05 A.M.  
 The principal cause of death and related causes of importance were as follows:  
 Hypertension - Left Kidney  
 51  
 Other contributory causes of importance: Acute Dilatation of Stomach  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes  
 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) David A. Goldman, M. D.  
 (Address) Missouri Pacific Hospital

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.

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 33522

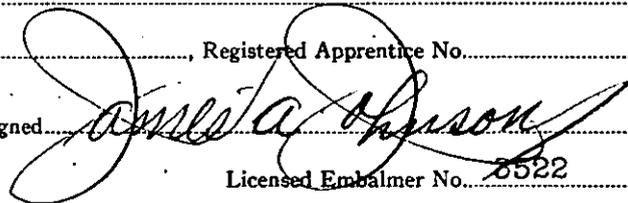
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 33522

**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.)**