

REC'D JUN. 9 1938

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

16685  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008**  
(c) City **St Louis** (d) Street No. **4445 Elmbank Ave** St. **10**  
(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

**Katherine Lynch** **5-2-38**  
(a) Residence, No. **4445 Elmbank Ave** St. **10** (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **The Late James J Lynch**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 16th 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**68 11 1**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**  
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) **St Louis Missouri**

FATHER 13. NAME **W J Duggan**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Rose Keenoy**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Berenice Lynch** (ADDRESS) **4445 Elmbank Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May 20th 1938**

19. FUNERAL DIRECTOR **Stroot - Carroll** (ADDRESS) **4600 Natural Bridge**

20. FILED **MAY 18 1938** **J. B. Brubaker** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 17th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 12 1938** to **May 17 1938**  
I last saw her alive on **May 16 1938**. Death is said to have occurred on the date stated above, at **8:30 p.m.**  
The principal cause of death and related causes of importance were as follows:

Date of onset  
**Chronic myocarditis**  
Other contributory causes of importance:  
**Chronic Gastric Ectasia & Hemorrhages of Bowels**

Name of operation **none** Date of **none**  
What test confirmed diagnosis? **Specimens** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **no** Date of injury....., 19.....  
Where did injury occur? **none**  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **none**  
Nature of injury **none**

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify **none**  
(Signed) **Dr. W. J. Harman**, M. D.  
(Address) **2743 N. Grand**

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2265

**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.)**