

REC'D SEP 12 1938

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

791
1003

27087
Do not use this space.

7101

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Missouri (d) Street No. City Sanitarium St.
(e) Length of residence in city or town where death occurred 65 (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Lynch

(a) Residence, No. 1117 No. 17th St St. 15 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Lynch
May 15, 1969

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 69 2 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe cutter
9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Factory
10. Date deceased last worked at this occupation (month and year) May 1930 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER 13. NAME William Lynch

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

MOTHER 15. MAIDEN NAME Mary Noonan

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

17. INFORMANT (ADDRESS) A.A. Cook, H.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Aug. 11, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cullinane Brothers 1710 N. Grand Blvd.

20. FILED AUG 13 1938 J.B. Bieder Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8-38 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 8-8-38, 19.
I last saw him alive on 8-8-38, 19. Death is said to have occurred on the date stated above, at 7:40 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 8-8-38

Other contributory causes of importance:
Chronic Myocarditis with Myocardial Degeneration 7-1-38x
Senile Dementia 7-1-38x

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?
If so, specify
(Signed) Arnold A. Cook, M. D.
(Address) 5400 Arsenal

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Fred Frick

Licensed Embalmer No. *3186*

P. O. Address

St. Louis Mo

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.)

If this body is not embalmed, above space should be left blank.