

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

**37488**  
Do not use this space.

DECEMBER 12 1938

**1. PLACE OF DEATH**

(a) County..... 2 Registration District No. 791  
 (b) Township..... 1 Primary Registration District No. 1003  
 (c) City..... St. Louis, (d) Street No. 2155 A. Russell 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 70 yrs. mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Mary Otilie Lynch

(a) Residence, No. 2155 A Russell Blvd. St. 23  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas J. Lynch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 0 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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 Sebastian Hessler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Elsie Niederhoffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Loraine

17. INFORMANT (ADDRESS) Helen A. Taylor  
2165 A Russell Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 15, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) WM. C. Moydell  
1926 Allen Ave.

20. FILED NOV 14 1938 J. F. Brudick Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1938 to 11-11, 1938

I last saw him alive on 11-9, 1938 Death is said to have occurred on the date stated above, at 11 P.M.

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

Carcinoma of mammary gland Date of onset Jan-38

Other contributory causes of importance: General metastasis

Name of operation radical breast Date of 3-8-38

What test confirmed diagnosis? Ropy 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) W. R. Gumm M. D.  
 (Address) 2227 S Broadway

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

**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 *Benj. C. Duncan* .....

Licensed Embalmer No. *2272* .....

P. O. Address *1926 Allen Ave* .....

**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.**