

2-1988
 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.
 Not duplicate of 41067-38 Pa

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

40375
 Do not use this space.

Registered No. 1974

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 111
 (c) City Richmond Hights, Mo. (d) Street No. St. Marys Hospital 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 550 Margaret Lynch
 (a) Residence, No. 6729 Raymond Ave. St. University City, Mo.
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 4 3 I

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Ireland 5

FATHER
 13. NAME Owen Mulvoy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
 15. MAIDEN NAME Bridget Walsh
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

17. INFORMANT John Lynch
 (ADDRESS) 6729 Raymond Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Dec. 3/38

19. FUNERAL DIRECTOR Jos. W. Clark
 (ADDRESS) 1125 N odiamont Ave.

20. FILED DEC 2 - 1938 J. B. Meyer MD
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1938 to Nov 30, 1938
 I last saw her alive on Nov 30, 1938. Death is said to have occurred on the date stated above, 12.55 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset 11-25-38
Cerebral Embolism
Other contributory causes of importance: Coronary Heart Disease?

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clini 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) Leo J. Riley, M. D.
 (Address) 818 S. page Blvd.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark Licensed Embalmer No. 1661

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Jos. W. Clark

Licensed Embalmer No. 1661

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.)