

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.

APR 12 1939

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

8876
 Do not use this space.

791
 1003

2641

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City St. Louis, Mo. (d) Street No. 334 No. Taylor Ave. 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 Mother Mary Elizabeth Lyons.

(a) Residence, No. 334 No. Taylor Ave. St. 19 (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) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Religious.
 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) Illinois. (STATE OR COUNTRY)

FATHER 13. NAME John Lyons.

14. BIRTHPLACE (CITY OR TOWN) Illinois. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Enright.

16. BIRTHPLACE (CITY OR TOWN) Dont Know. (STATE OR COUNTRY)

17. INFORMANT Mother Lapeyre. (ADDRESS) 334 No. Taylor Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 3-21-39

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly. (ADDRESS) 3840 Lindell Blvd.

20. FILED J. B. Brudick Local Registrar

MAR 20 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1939.

22. I HEREBY CERTIFY, That I attended deceased from March 11th 1939, to March 18th, 1939
 I last saw h. her alive on March 18th, 1939. Death is said to have occurred on the date stated above, at 1:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Parotid Pneumonia Date of onset 3/12/39

Other contributory causes of importance:
Serum Sickness due to vaccine

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) E. Mott Smith, M.D.
 (Address) 3720 Washington

Dr. Leonard Smith
3720 Wash. Jct. Bldg

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 Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lundell

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.