REC'D JUN 12 1939

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

16952
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 4486

(c) or City Saint Louis (d) Street No. Homer G. Phillips 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 Mary Jane Lyons

(a) Residence, No. 1021 Eureka Apts. St. 11 4374 Fairfax Ave
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Negro	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. abt. 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Abt. 80				

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housework

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) Unavailable " "

FATHER

13. NAME " "

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

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Cordella Harris, ~~1021 Eureka Apts.~~ 4374 Fairfax

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 5/16/39, 19

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
(ADDRESS) 4107-09 Finney Avenue

20. FILED MAY 15 1939, 19 J. F. Buchek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9th, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1939, to May 9, 1939
I last saw her alive on May 9, 1939 Death is said to have occurred on the date stated above, at 2.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypostatic Pneumonia, unspecified	

Other contributory causes of importance:

Senility

97

Name of operation None 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? No.
If so, specify

(Signed) R. A. Harrell, M. D.
(Address) 4270a W. Finney Avenue

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Hoskall

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

James A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address: 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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