

Registration District No.

791
1008

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County MISSOURI **NOV 13 1939**
 (b) City or town ST LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: JOSEPHINE HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 hrs.
 In this community 2 YEARS, (Specify whether years, months or days)

3. (a) PRINT FULL NAME PATRICK F. LYNCH3. (b) If veteran, name war NO 3. (c) Social Security No. 4920154994. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife ANNA LYNCH 6. (c) Age of husband or wife if alive 34 years7. Birth date of deceased JANUARY 8 1905
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
34 9 8 hr. min.9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business SHOE WORKER.12. Name SADIAS LYNCH13. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)14. Maiden name MARY E CARPENTER.15. Birthplace WASHINGTON D. C.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Anna Lynch(b) Address 3323 1/2 S. 13th St.17. (a) BURIAL (b) Date thereof OCT. 18 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY CEMETERY18. (a) Signature of funeral director E. J. Schuur(b) Address 3125 Lafayette Av.19. (a) OCT 17 1939 (b) J. F. Schubert
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS **34**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3323 A S. 13th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16
year 1939 hour 7 30 minute A M.21. I hereby certify that I attended the deceased from 10-15
1939, to 10-16, 1939;
that I last saw him alive on 10-16, 1939,
and that death occurred on the date and hour stated above.Immediate cause of death Dissectio Duration _____Due to Ruptured Gastric Ulcer?

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Heart, lungs, kidneys
Of operations thru out abdomen.

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. B. Cassel md (M. D. or other) _____Address 3234 Franklin Ave Date signed 10-16/39

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.....

Jos. B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette 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.