. No. 2
-11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13253

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3455

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnard Free Skin & Cancer Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Twelve days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: R.R. #2 Fenistel, Mo. (If outside city or town limits, write "RURAL")

(d) Street No.: NR (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: John T. Lyons 520

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: 6 (Month) 7 (Day) 62 (Year)

8. AGE: Years 77 Months 10 Days 8 If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Michael Lyons

13. Birthplace: Ireland (City, town, or county) (State or foreign country)

14. Maiden name: Mary Hannihan

15. Birthplace: Ireland (City, town, or county) (State or foreign country)

16. (a) Informant: Marie Williams

(b) Address: 5134 Raymond

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 4-17-40 (Month) (Day) (Year)

(c) Place: burial or cremation: CALVARY

18. (a) Signature of funeral director: Kullen & Kelly

(b) Address: 1416 N. Taylor ave.

19. (a) APR 16 1940 (Date received by local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15-7/a day ~~194~~ April year 1940 hour 10 minute 20 17 M.

21. I hereby certify that I attended the deceased from 3/16, 1940 to 4/15, 1940 that I last saw him alive on 4/15/40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
~~Carcinoma of hard~~	~~3 yrs.~~
Septicemia	1 week
Due to: Carcinoma of lt. hard	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:

Of autopsy: Axillary abscess, left; pleural effusion, left; nephrosclerosis

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: William H. Gay (M. D. or other)

Address: Barnard S. & C. Hospital Date signed: 4/15/40

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.