DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22311

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5686

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 4 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 26 (If outside city or town limits, write "RURAL")

(d) Street No. 2711a N. 9th St. (If rural, give location)

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

3. (a) PRINT FULL NAME MELVIN LYNCH SLD

3. (b) If veteran, name war? No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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 October (Month) 25 (Day) 1935 (Year)

8. AGE: Years 4 Months 8 Days 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation ✓

11. Industry or business

FATHER
12. Name Clarence Lynch
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Estella Rockland
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Clarence Lynch

(b) Address 2711a N. 9th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Hy. Leidoses U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUL 4 1940 (Date received local registrar) (b) J. F. Frederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 2 year 1940 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pneumonia Extensive superficial

Due to burns over Lower Part of Body and Legs, suffered

Due to when deceased was

Other conditions playing in ash (Include pregnancy within 3 months of death) Tet in rear of his home

Major findings: Of operation July-2-1940 - about 6:00

Of autopsy Accident

Duration

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) Accident

(b) Date of occurrence 7/2/40

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lewis (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X19511

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 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.