

NOV DEC 7 - 1940 84
Registration District No. _____

Primary Registration District No. 106

Registrar's No. 2273

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Kirkwood
(c) Name of hospital or institution N. Geyer Rd.
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(d) Street No. N. Geyer Rd. (Box 468)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mary Lynch

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Thomas Lynch 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 16 1869

8. AGE: Years 71 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Mrs Charlotte Green
(b) Address N. Geyer Rd. Kirkwood, Mo.
17. (a) Burial (b) Date thereof 12-4-40
(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director Louis H. Bopp
(b) Address Kirkwood, Mo.

19. (a) DEC 2 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 2
year 1940 hour 8:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov. 30, 1940 to Dec. 2, 1940;
that I last saw her alive on Dec. 1, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Left lung
Due to Influenza

Due to _____
Other conditions Sensibility
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
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? _____

23. Signature [Signature] (Specify type of place) _____ (e) Means of injury _____
Address 2 S. Central Ave. Clayton, Mo. Date signed 12/2/40

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

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.....

John M Meyer
working under my personal supervision.

Registered Apprentice No.....

Signed *John M Meyer*

Licensed Embalmer No *3288*

P. O. Address *1 Turkwood*

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

If this body is not embalmed, fact should be so stated above.