

Registration District No. 784

Primary Registration District No. 111

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

1. PLACE OF DEATH:

(a) County. St. Louis

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

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 11 days
(Specify whether years, months or days) 11 days

In this community. 11 days
(Specify whether years, months or days) 1

3. (a) PRINT FULL NAME Thomas J. Lynch

3. (b) If veteran, name war. UNKNOWN

3. (c) Social Security No. NONE

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Helen

6. (c) Age of husband or wife if alive 67 years
(Day) 18 (Year) 1867

7. Birth date of deceased July
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>5</u>	hr. min.

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

10. Usual occupation RETIRED

11. Industry or business 5

12. Name PATRICK LYNCH

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

14. Maiden name CATHERINE LENAHAN

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

16. (a) Informant Mr. T. W. BRUCE

(b) Address 7635 WEAVER

17. (a) REMOVAL (b) Date thereof 11-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LE CENTER, MINN.

18. (a) Signature of funeral director Robert W. Hoppe

(b) Address 4700 Washington Ave

19. (a) NOV 24 1940 (b) IR. M. M. M. M. M. M.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County _____

(c) City or town Le Center
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1940 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from Nov 12, 1940, to November 23, 1940, that I last saw him alive on Nov. 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death. Peritonitis Acute

Duration
<u>10 days</u>

Due to Operation for Carcinoma of Cecum

Due to 1/6

Other conditions Carcinoma of Cecum
(Include pregnancy within 3 months of death) 18 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations Carcinoma of Cecum

Of autopsy Peritonitis

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 E. R. Shwader (M. D. or other) 1

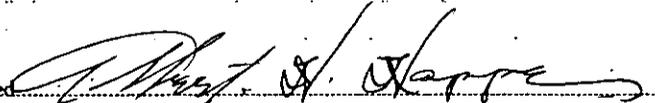
Address 3720 Washington Date signed 11-23-40

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.....


Licensed Embalmer No. 1861.....

P. O. Address.....

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

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