DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 11 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8127

Primary Registration District No. 200

Registrar's No. 400

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr 11mo. 1day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4054a Maffitt Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME: Robert Lynch
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 1 (Month) 24 (Day) 1901 (Year)
8. AGE: Years 40 Months Days 30 If less than one day hr. min.
9. Birthplace: St Louis (City, town, or county) O Mo. (State or foreign country)
10. Usual occupation: Red Cap - Union Station
11. Industry or business:
FATHER 12. Name: Joseph Lynch
FATHER 13. Birthplace: St Louis (City, town, or county) O Mo. (State or foreign country)
MOTHER 14. Maiden name: Ellen Banahan
MOTHER 15. Birthplace: St. Louis (City, town, or county) O Mo. (State or foreign country)
16. (a) Informant: Robert Koch Hospital Records
(b) Address: Koch, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2 - 27-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Cullinane Bros.
(b) Address: 1710 N. Grand Blvd.
19. (a) FEB 24 1941 (Date received local registrar) (b) J. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23 year 1941 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from 3 - 22, 1939, to 2-23, 1941; that I last saw him alive on 2-23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis of Spine	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Pulmonary Tuberculosis	

Major findings:
Of operations:
Of autopsy: Pulmonary Tuberculosis, Tuberculosis of Spine

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 Stanbie (M. D. or other) D
Address: Robert Koch Hospital Koch Mo. Date signed 2/28/41

(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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.