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FILED JUN 21 1941

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19885

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4697

I. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Johns Hosp. ( )  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 WK.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) \_\_\_\_\_

8. (a) PRINT FULL NAME Charles Lynch  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 578-01-9594

4. Sex M ( ) 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Kathryn Lynch 6. (c) Age of husband or wife if alive 33 years  
7. Birth date of deceased July 26, 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 10 9 hr. min.

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

10. Usual occupation Iron Worker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles H. Lynch  
18. Birthplace Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Zada West  
15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn Lynch  
(b) Address Indianapolis, Ind.

17. (a) Removal (b) Date thereof 6-7-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Texarkana, Tex.

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester

19. (a) JUN 5 - 1941 (b) J. J. Frederick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Maplewood 5  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 7238 Richmond Pl. M.R.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 year.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1941 hour 2 minute 45 A. 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.

Pneumonia, Fracture of both legs  
suffered in fall from scaffold at  
New Power Plant being erected for  
Union Electric Co at Venice, Ill  
by Ben Hur Construction Co  
on May 27 - 1941 about 10 am

Other conditions None  
Major findings: Could not be determined

Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Not Determined  
(b) Date of occurrence May 29 - 1941  
(c) Where did injury occur? Venice, Ill  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial Place  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Alfred J. Perry, Dist 3 (M. D. or other)  
Address Deputy Coroner Date signed 6/5/41

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.**