No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20084

Registration District No. 79 Primary Registration District No. 1003 Registrar's No. 4896

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital #1 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days; In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1720
(If outside city or town limits, write "RURAL")

(d) Street No. 1504 N. 23rd. St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Lydon

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine Lydon

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August (Month) 3 (Day) 1885 (Year)

8. AGE: Years 55 10 | Months 10 | Days 10 | If less than one day hr. min.

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

10. Usual occupation Baker

11. Industry or business Retired 20 yrs

MOTHER FATHER

12. Name Patrick Lydon

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

14. Maiden name Elizabeth Sutter

15. Birthplace De Moines Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank James

(b) Address 1504 N. 23rd. St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 N. Union Blvd.

19. (a) JUN 13 1941 (Date received local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13, year 1941 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from June 6, 1941, to June 13, 1941; that I last saw him alive on June 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Probable Carcinoma of stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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)

(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 [illegible] M. D.

Address 1515 Lafayette Ave. Date signed 6/13/41

(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.....

Licensed Embalmer No. 2273

P. O. Address.....

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

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