

Registration District No. **7091**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
(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. ANTHONYS HOSPITAL**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **2 HOURS**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **MARY LYON**

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 **MARRIED**
6. (b) Name of husband or wife **FRED W. LYON**
6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **DEC. 9, 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 **6** **8** hr. min.

9. Birthplace **ST. LOUIS** **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

MOTHER FATHER { 12. Name **JOHN GRIESSER**
13. Birthplace **Dunk Knob** **MO**
(City, town, or county) (State or foreign country)
14. Maiden name **KATE LALLY**
15. Birthplace **ST. LOUIS** **MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. FRED W. LYON**
(b) Address **3959 MIAMI ST.**

17. (a) **BURIAL** (b) Date thereof **6-19-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Arthur J. Dornally**
(b) Address **3840 LINDELL BLVD.**

19. (a) **JUN 18 1941** (b) **J. F. Brudack**
(Official local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **100**
(c) City or town **ST. LOUIS** **1716**
(If outside city or town limits, write "RURAL")
(d) Street No. **3959 MIAMI ST.** **2**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **15**,
year **1941** hour **8** minute **10** P.M.

21. I hereby certify that I attended the deceased from **APR. 8, 1941**
to **JUNE 15, 1941**, 19____;
that I last saw her alive on **JUNE 15, 1941**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **4 Hours**
Due to **Hypertension** **chronic**
Due to **arterio-sclerosis** **chronic**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **ggs** **PHYSICIAN**
Of autopsy **ggs** 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? _____ (Specify type of place) Means of injury _____
23. Signature **Pluright L. Jennings** (M. D. or other) **0**
Address **4600 Maryland** Date signed **6-16-41**

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

970

12-2
W. H. Marshall

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Ludell*

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, fact should be so stated above.