No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33421

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8377

1. 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: City Hosp #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 23 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis City (If outside city or town limits, write "RURAL") 94

(d) Street No. 1041 Tamm Ave (If rural, give location) 1

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Phillip Lyons

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Lyons

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

7. Birth date of deceased June (Month) 16 (Day) 1850 (Year)

8. AGE: Years 91 Months 4 Days 4 If less than one day hr. min.

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

10. Usual occupation Teamster

11. Industry or business

FATHER
12. Name Michel Lyons
13. Birthplace Un Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Un Known
15. Birthplace Ireland (City, town, or county) 9 (State or foreign country)

16. (a) Informant Emma Eichner

(b) Address 1041 Tamm Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Halls Ferry Rd.

19. (a) OCT 22 1941 (Date received by registrar) (b) J F Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1941 hour 5 minute 15 P.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.

Immediate cause of death Fractured skull; subdural hemorrhage of brain; Arteriosclerosis Suffered when deceased fell down a flight of stairs at his home 1041 Tamm Ave., on Oct. 18th, 1941, exact time unknown. ACCIDENT.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Accident

(b) Date of occurrence 10-18-1941

(c) Where did injury occur? St. Louis, Mo. 000 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other)

Address Upper Crown Date signed 10/22/41

(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 Arthur P. Diedrich

Licensed Embalmer No. 3552

P. O. Address St. Louis

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

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