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S. No. 2
M-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 557

FILED FEB 24 1942

Primary Registration District No. 1003

Registrar's No. 379

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 000
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 917 a Lynch St. 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dennis Lynch

3. (b) If veteran, name war S.A.W. 3. (c) Social Security No. 489-01-6299

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased January 22 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 21 If less than one day hr. min.

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

10. Usual occupation Night-watchman

11. Industry or business _____

12. Name Patrick Lynch

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

14. Maiden name Katherine Felson

15. Birthplace unknown Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Lynch

(b) Address 917 a Lynch St/

17. (a) Burial (b) Date thereof Jan-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Hecker, Charles David Steinbo

(b) Address 3634 Unavois Ave.

19. (a) JAN 13 1942 (b) G. F. Medvedek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12, year 1942 hour 7:55 minute P. M.

21. I hereby certify that I attended the deceased from January 4, 1942 to January 12, 1942; that I last saw him alive on January 12, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration
non-traumatic

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy permission refused 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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Joseph E. Don Kameel (M, D, or other) M
Address 1515 Lafayette Avenue Date signed 1/13/42

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.....
Licensed Embalmer No. *2645*
P. O. Address. *St Louis*

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.