

1005  
 V. S. No. 2  
 10M-9-4-41  
 Rev. 5-17-39  
 X-29484

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED MAR 17 1942**  
 791

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**  
 1003

State File No. **4645**  
**1156**  
 Registrar's No.

Registration District No. Primary Registration District No. Registrar's No.

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 8 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 25-000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL.")  
 (d) Street No. Bob-Roy Hotel--702 N. 4th  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Michael Lyons  
 (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 2, year 1942 hour 2:00 minute A. M.  
 21. I hereby certify that I attended the deceased from January 26, 1942 to February 2, 1942 that I last saw him in alive on February 2, 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis  
 Due to.....  
 Due to.....  
 Other conditions (Includes pregnancy within 3 months of death).....  
 Major findings: Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

7. Birth date of deceased January 3 1895  
(Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
47 0 29 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Odd Jobs

11. Industry or business.....  
 12. Name Michael Lyons  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Julie Brodrick  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Colby  
 (b) Address 4626 Margaretta Ave.

17. (a) Burial (b) Date thereof 2-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Stroot-Carroll

18. (a) Signature of funeral director Stroot-Carroll  
 (b) Address 4600 Natural Bridge Ave.

19. (a) Feb 6 1942 (b) J. F. Brodrick  
(Date received local registrar) (Registrar's signature)

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) (M. D. or other)  
 23. Signature J. F. Brodrick Date signed 2-6-42  
 Address 1515 Lafayette Avenue

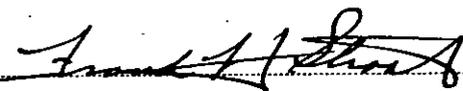
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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..... 2265

P. O. Address.....

**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.**