

FILED APR 8 7 1942

Registration District No.

Primary Registration District No.

Registrar's No.

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:  
**4685 Pope Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **4685 Pope Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Thomas F. Lennon**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... **M.** 5. Color or race..... **W.** 6. (a) Single, widowed, married, divorced..... **W.**

6. (b) Name of husband or wife..... **Helen Lennon** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **June 3rd., 1895**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**46 9 6** hr. min.

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

10. Usual occupation..... **Clerk**  
11. Industry or business..... **Police Garage**

12. Name..... **John Lennon** Mo. **0**  
13. Birthplace..... **St. Louis** (City, town, or county) (State or foreign country)  
14. Maiden name..... **Fannie Flood**  
15. Birthplace..... **St. Louis** (City, town, or county) (State or foreign country)

16. (a) Informant..... **Joseph Lennons**

(b): Address..... **4527 Holly Ave.**  
17. (a) **Burial** (b) Date thereof..... **3-23-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary**

18. (a) Signature of funeral director..... **Arthur J. Donnelly**  
(b) Address..... **3840 Lindbergh Blvd.**

19. (a) **MAR 20 1942** (b) **J. J. [Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Mar.** day..... **19th.**,  
year..... **1942** hour..... **9** minute..... **45** p.m.

21. I hereby certify that I attended the deceased from.....  
**3-1-42**, 19..... to..... **3-19-42**, 19.....  
that I last saw h. j. m. alive on..... **3-19-42**, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Coronary Embolus**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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) (e) Means of injury.....  
23. Signature..... **C. H. Bowden** (M. D. or other)  
Address..... **634 N. Grand** Date signed..... **3-20-42**

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

MOTHER FATHER

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 Lindell

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.