

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

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:  
St. Louis City Hospital  
(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 Missouri (b) County.....  
 (c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4559 Audubon Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Joseph Le Roy Lynton Jr.  
 3. (b) If veteran, name war No 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 9,  
 year 1942 hour 11 minute A.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.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 36 years  
Pearl Lynton July 31 1917  
(Month) (Day) (Year)

Immediate cause of death Carbon Monoxide Poisoning when deceased was found kneeling in his kitchen  
Due to gas in his garage with  
line attached to exhaust pipe  
and entering through  
ventilator window on May  
3rd about 1942 about  
 Other conditions 10:00 AM  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
24 9 8 hr. min.

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings:  
 Of operations.....  
 Of autopsy.....

9. Birthplace Rico Colorado  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Medical Student

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Suicide  
 (b) Date of occurrence May 3 1942  
 (c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
 While at work? no (Specify type of place)  
(e) Means of injury Carbon Monoxide

11. Industry or business.....  
 12. Name Joseph LeRoy Lynton Sr.  
 13. Birthplace Delores Colorado  
(City, town, or county) (State or foreign country)

14. Maiden name Helen Koenig  
 15. Birthplace Rico Colorado  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph LeRoy Lynton Sr.  
2167 S. Williams Str. Denver Col.

17. (a) Removal (b) Date thereof May 10, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Denver Colorado

18. (a) Signature of funeral director M. G. Monnell  
 (b) Address 1926 Allen Ave.  
 19. (a) MAY 10 1942 (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

---

---

**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.....

*Benjamin L. Duncan*

.....  
Licensed Embalmer No. *2274*

P. O. Address *1526 Allen*

**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.**