

FILED APR 27 1942

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hos'p.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community abt 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town University City
(If outside city or town limits, write "RURAL") N.R. 5
(d) Street No. 6803 Kingsbury
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Raymond D Lyons

3. (b) If veteran, name war no.
3. (c) Social Security No. 488-09-3080

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
7. Birth date of deceased October 7, 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 7 7 hr. min.

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

10. Usual occupation _____

11. Industry or business Advertising

MOTHER FATHER { 12. Name Bentley H. Lyons
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Seima Haas
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant R J Lyons
(b) Address 6803 Kingsbury

17. (a) Burial (b) Date thereof 4/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) APR 16 1942 (b) J. F. Brodeur
(Date received local authority) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 14
year 1942 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from Oct 1st
1941 to Apr 14, 1942
that I last saw him alive on Apr 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lympho sarcoma Duration 6 mo

Due to _____
Due to 55

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 7
23. Signature M. M. Freund (M. D. or other)
Address 3115 S Frank Date signed 4/17/42

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

J. G. Sullivan

Licensed Embalmer No. *1122*

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.