. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19031

State File No.

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 1166

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1344 Waldron 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 1344 Waldron
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Margaret Lyons
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 10, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	7	19	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation at home
11. Industry or business

FATHER
12. Name Thomas Lyons
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Ann ~~Ryan~~ HOGAN
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Francis Logue
(b) Address 1344 Waldron, University City
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 30, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Harrigan Sheahan
(b) Address 4415 Washington Blvd.
19. (a) MAY 28 1942 (Date received local registrar) (b) E. G. McGarrow Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from Jan 30, 1940 to May 27, 1942
that I last saw her alive on 5-14, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Dis	
Due to Myocarditis Chronic	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None 93d	
Of autopsy None	

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Philip Schuck (M. D. or other)
Address 1703 S Grand Date signed 5-28-42

707 (Licensed Embalmer's Statement on Reverse Side)

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.