. S. No. 2
M—1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

28285

State File No.

Registration District No. 319 Primary Registration District No. 6079 Registrar's No. 53

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town RURAL Ste. Gen. Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: COUNTY HOME
(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 Ste. Gen.

(c) City or town Rural Ste. Genevieve
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME PHILLIP LYNCH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CATHERINE KILKENNY

6. (c) Age of husband or wife if alive UNKNOWN years

7. Birth date of deceased JUNE (Month) 14 (Day) 1871 (Year)

8. AGE: Years 71 Months 2 Days If less than one day hr. min.

9. Birthplace CHICAGO (City, town, or county) ILL. (State or foreign country)

10. Usual occupation OFFICE CLERK

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Social Security Records
(b) Address Ste. Genevieve Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof AUG 14 1942 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Ste. Genevieve Mo

18. (a) Signature of funeral director Leo C. Basler
(b) Address Ste. Genevieve Mo

19. (a) Aug 15/42 (Date received local registrar) (b) T.W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 14 year 1942 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 6 1942 to aug 14 1942 that I last saw him alive on aug 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pyelo-Nephritis	6 mo
Chronic Prostitis	6 mo
Bronchos Pneumonia	4 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

137

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert H. Lanning (M. D. or other)
Address Ste. Genevieve, Mo Date signed 8/14/42

#P

704 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 942-1126

Date Filed 9-7-42

MAR 30 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Leo C. Basler

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve Mo.

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.