

Registration District No. 318 Primary Registration District No. 101 Registrar's No. 8056

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(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 16 Days
(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. 2928 Leamp Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Baby Lyons Jacqueline

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sep 7 - 1942
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25, year 1942 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from September 10, 1942, to September 25, 1942 that I last saw her alive on September 25, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 16 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St Louis (City, town, or county) (State or foreign country) 0

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Phas Lyons

13. Birthplace Carrishersville MO (City, town, or county) (State or foreign country)

14. Maiden name Thelma Blank (City, town, or county) (State or foreign country)

15. Birthplace St Louis MO (City, town, or county) (State or foreign country)

16. (a) Informant Phas Lyons

(b) Address 2928 Leamp Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 26 1942
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mathew

18. (a) Signature of funeral director Witt Ben

(b) Address 2929 Co Jefferson

19. (a) SEP 20 1942 (b) J. H. Brudick (Registrar's signature)

Immediate cause of death Prematurity

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 David Gilling (M. D. or other) _____

Address 1515 Lafayette Avenue Date signed 9/25/42

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

8056

8056

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.....

.....
working under my personal supervision.

Not embalmed

Registered Apprentice No.

Signed.....

Paul A. Shauk

Licensed Embalmer No.

3472

P. O. Address.....

2929 So. Jefferson

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.

[Signature]