DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4481

FILED FEB 23 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1482

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: 4529 Kennerly Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 4529 Kennerly Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BRIDGET TERESA LYNCH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Wm. Lynch

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

7. Birth date of deceased May (Month) 18th (Day) 1867 (Year)

8. AGE: Years 75 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Mrs. Alice O'Malley
(b) Address 4529 Kennerly Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers
(b) Address 2849 North Euclid Ave.,

19. (a) FEB 15 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th year 1943 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Oct 15 1942 to 2/14/ 1943 that I last saw h alive on 2-14-43 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1 Carcinoma of liver	
Due to 2 Terminal Bronchopneumonia	
3 Carcinoma of stomach	
Due to Primary site - stomach	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) none
(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 John S. Young M.D. (M. D. or other)
Address 2806 Hadley Date signed 2/16/43

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Young, Faith Hospital

Ca. 6166 or

- call 11:30 at Harp for Dr. Young -

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St. Louis, Mo.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.