

FILED FEB 14 1944

Registration District No. 217

Primary Registration District No. 3063

Registrar's No. 321

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Conway Rd
(If not in hospital or institution, write street number or location)

(d) Length of stay 1 In hospital or institution. (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

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

(d) Street No. Conway R.R. #1 - Clayton Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME ESTELLE H. LYMAN

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

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

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

7. Birth date of deceased Sept 23 - 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>4</u>	<u>14</u>	hr. min.

9. Birthplace Green Bay Wis
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Green Bay

13. Birthplace unknown Wis
(City, town, or county) (State or foreign country)

14. Maiden name Mary Burke

15. Birthplace unknown Wis
(City, town, or county) (State or foreign country)

16. (a) Informant Sandy Barron

(b) Address Clayton RR #1 Box 324

17. (a) Burial (b) Date thereof 2-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Monica Cem

18. (a) Signature of funeral director Louis H. Bopp Jr

(b) Address Turkwood Mo

19. (a) FEB 8 - 1944 (b) E. J. Moran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 44 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from 40 to 7:15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Very Pneumonia

Due to Cherrybark

Due to Arthritis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 109:1

Duration 1 week

1546

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 Anna M. O'Connell (M. D. or other) _____

Address 4452 Maryland Date signed 2-7-44

AUG 15 9 54 AM

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..... *Van M. Simons*.....
Licensed Embalmer No. *4343*.....
P. O. Address..... *7415 Zephyr Pl.
Maplewood, 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.