

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
St. Mary's Hospital  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclade

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

(d) Street No. R.R. # 2  
(If rural, give location)

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

3. (a) PRINT FULL NAME Paul Wesley Lynch

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29  
year 1944 hour 5:30 minute P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

21. I hereby certify that I attended the deceased from 1-19, 1944, to 2-29, 1944  
that I last saw him alive on 2-29, 1944  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: October 8 1943  
(Month) (Day) (Year)

Immediate cause of death Pneumothorax 3 days

Due to Lung abscess 1 wks

Due to Pneumonia 3 wks

8. AGE: Years Months Days If less than one day  
4 21 hr. min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace: Laclade County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

Major findings: Of operations \_\_\_\_\_

Of autopsy 1091

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Claud Lynch

13. Birthplace Laclade County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sara King

15. Birthplace Laclade County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Claud Lynch

(b) Address Lebanon, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 3-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

While at work? \_\_\_\_\_  
(Specify type of place)

Means of injury 0

23. Signature Jackson Oto (M. D. or other) M.D.

Address 6450 Clayton Rd St Louis Date signed 3-2-44

19. (a) MAR 3-1944 (b) E. D. Mc Gowan, M.D.  
(Date received local registrar) (Registrar's signature)

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

96  
8  
3

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**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

*John Agorowski*

Licensed Embalmer No. *3398*

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.**