

1212V

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED APR 1 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 377

Primary Registration District No. 2002

Registrar's No. 762

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Christian Old Peoples' Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 26 days
(Specify whether years, months or days)
 In this community 26 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
 (c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1021 North 11th Street
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME Ollie Bell Lynch

3. (b) If veteran, name war No 3. (c) Social Security No. 327-03-5044

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Robert Lynch 6. (c) Age of husband or wife if alive -- years
 7. Birth date of deceased October 1, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>25</u>	<u>-</u> hr. <u>-</u> min.

9. Birthplace Union County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Canner

11. Industry or business Continental Can Co.

MOTHER FATHER
 { 12. Name Zachery Mabry
 { 13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
 { 14. Maiden name Alice Woodring
 { 15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Lynch
 (b) Address East St. Louis, Illinois

17. (a) Burial (b) Date thereof 3/29/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director John J. Casely
 (b) Address East St. Louis, Illinois

19. (a) MAR 29 1944 (b) E. G. McHarran, MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1944 hour 3 minutes 55 P. M.

21. I hereby certify that I attended the deceased from Mar. 15, 1944, to Mar. 26, 1944; that I last saw her alive on March 26, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
 Due to Hypertension

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

Major findings: Of operations 8302
 Of autopsy _____

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) (c) Means of injury _____

23. Signature [Signature] (M.D. or other) _____
 Address 607 N. Grand Date signed 2-26-44

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

96
3
5

APR 10 1944

FEB 18 1948

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.

not embalmed

Signed *John J. Keady*

Licensed Embalmer No. *Ill. 6855*

P. O. Address *Case St. Louis, Ill.*

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.