

FILED JUN 19 1944 18

1003

Registration District No.

Primary Registration District No.

Registrar's No.

5228

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)  
In this community 30 DAYS

3. (a) PRINT FULL NAME Lydia Paxton Day

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Richard M. Day 6. (c) Age of husband or wife if alive            years

7. Birth date of deceased January 22, 1880  
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 15 If less than one day hr.            min.           

9. Birthplace Philadelphia, Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business           

12. Name George W. Boyd

13. Birthplace Indianapolis, Ind.  
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Tousey

15. Birthplace Indianapolis, Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Anna Boyd

(b) Address 945 Marion St., Denver, Col.

17. (a) removal (b) Date thereof 6/9/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denver, Colorado.

18. (a) Signature of funeral director Wagoner Mortuary.

(b) Address 4161 Lindell, Blvd.

19. (a) J. F. Bredson (Registrar's signature)  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado, (b) County             
(c) City or town Denver  
(If outside city or town limits, write "RURAL")  
(d) Street No. 720 Marion Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country           

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1944 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 29, 1944, to June 7th, 1944 that I last saw h. e. r. alive on June 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma Duration 2 yrs

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

Major findings: Bronchogenic carcinoma  
Of operations             
Of autopsy as above

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 J. Karl Pypke (M. D. or other) MP  
Address Barnes Hosp Date signed 6/7/44

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

**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.....

*Edwin C. Grache*

Licensed Embalmer No. *3557*

P. O. Address. *4161 Lincoln Blvd*

**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.**