S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

#36444

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39576

FILED DEC 27 1944 Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 10723

1. PLACE OF DEATH:

(a) County

(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (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. 3969 Castleman Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter R. Lyons

3. (b) If veteran, name war

3. (c) Social Security No.

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 alive years

7. Birth date of deceased January 6, 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Plainveiw Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation UnEmployed

11. Industry or business

MOTHER FATHER

12. Name Robert E. Lyons

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

14. Maiden name Jessie Coriell

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

16. (a) Informant Mrs. Jessie Benton

(b) Address 3969 Castleman Ave.

17. (a) Removal-Motor (b) Date thereof 12/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine, Illinois

18. (a) Signature of funeral director Weick Brothers

(b) Address 2201 S. Grand Bl.

19. (a) DEC 16 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th year 1944 hour 3:35 minute A. M.

21. I hereby certify that I attended the deceased from 12/4/44, 19, to Dec. 14, 19 44 that I last saw him alive on Dec. 14, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

General paresis

Due to

Due to

Other conditions Bronchopneumonia, early
(Include pregnancy within 3 months of death)
Syphilitic aortitis

Major findings:
Of operations

Of autopsy Bronchopneumonia, early
Syphilitic aortitis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ellis L. Lipsitz (M. D. or other)

Address 1515 Lafayette St. Date signed 12/14/44

(Licensed Embalmer's Statement on Reverse Side)

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. Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

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.