

No. 2
-5-43
-17-39
I X36671

FILED OCT. 6 1945
318

1003

Registrar's No. 8402

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1056 Hamilton Ave. /
(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)

3. (a) PRINT FULL NAME Doris Mae Lyon

3. (b) If veteran, name war No

3. (c) Social Security No. 490-30-0408

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Chalmer

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased March 10, 1924
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	21	6	16	

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Wash days, took

11. Industry or business include packing Co.

12. Name Edgar Samples

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

14. Maiden name Maude Jones

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

16. (a) Informant Chalmer Lyon

(b) Address 1056 Hamilton Ave.

17. (a) Burial (b) Date thereof 9 - 29 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Chas. A. Stuart

(b) Address 1225 Union Blvd

19. (a) SEP 29 1945 (Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1056 Hamilton Ave.
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26th 1945 hour 7:00 minute AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the _____ date and hour stated above.

Immediate cause of death Strangulation due to hanging. When deceased was found hanging from the rafters in the rear part of the home at 1056 Hamilton Ave on Sept. 26, 1945 at exact time unknown

Under conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 164

Of autopsy: _____

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) Suicide

(b) Date of occurrence Sept 26, 1945

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home as above

(Specify type of place) (Means of injury)

23. Signature Thomas F. Callahan (M. D. or other) Coroner
Address _____ Date signed 9-27-45

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

MOTHER FATHER

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 *Albert G. Haffner*

Licensed Embalmer No. *2971*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. act
Registrar's No. 8402

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Doris Mae Lyon

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased mar 10 1945
(Month) (Day) (Year)

8. AGE: Years 21 Months 6 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Sept. 28-45 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I saw her _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

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

Major findings:
Of operations _____
Of autopsy _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY 6

1945

S-29202