

V. S. No. 2-100M-5-43
Rev. 5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

14967

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **37417**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Paul Hospital
(d) Length of stay: _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis
(d) Street No. 5444 Beacon
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Anna T. Lyons
(b) If veteran, _____ (c) Social Security name war _____ No. _____
4. Sex Female 5. Color Wh 6. (a) Single, widowed, married, _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
7. Birth date of deceased November 19 1884
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22
year 1946 hour 2:15 minute _____ P. M.
21. I hereby certify that I attended the deceased from Feb-23 1946, to April 22 1946
that I last saw ev alive on April 22 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of gall bladder
Duration _____

8. AGE: Years 61 Months 5 Days 3 If less than one day _____ min.
9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business _____
12. Name James Lyons
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Anna O'Connell
(City, town, or county) (State or foreign country)
15. Birthplace Ireland
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Genevieve Neumann
(b) Address 5977 Hamilton Cr
17. (a) Burial (b) Date thereof 4-25-46
(City or town) (County) (State) (Month) (Day) (Year)
(c) Place—burial or cremation Calvary Cemetery
18. (a) Signature of funeral director John J. Stewart
(b) Address 1225 Union Blvd
19. (a) APR 24 1946 (b) Registrar's signature J. F. Boush
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions _____
Major findings: _____
Of operations _____
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)
(e) Means of injury MI
23. Signature Henry C. Westerman (M. D. or other) _____
Address 2136 East Grand Blvd Date signed 4-23-46

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

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

13867

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 *Henry M. Brammer*.....

Licensed Embalmer No. *4200*.....

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.