

ED JUN 6 1946 STANDARD CERTIFICATE OF DEATH 1003

Registration District No.

318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 yr. 1 mo. 2 days  
(Specify whether  
In this community 89 years  
years, months or days)

3. (a) PRINT FULL NAME JULIA LYNCH

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 6-29-57 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 10 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Murphy  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Eleanor O'Connell  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Robinson  
(b) Address 5400 Arsenal  
17. (a) BURIAL (b) Date thereof 5-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY  
18. (a) Signature of funeral director G. J. Kelly  
(b) Address 4386 Lindell  
19. (a) MAY 27 1946 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

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. 5400 Arsenal St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 24  
year 1946 hour 8:10 minute P.M.  
21. I hereby certify that I attended the deceased from April 1, 1946 to May 24, 1946  
that I last saw him alive on May 24, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Arteriosclerotic Heart Disease

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As above

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 Wm. J. Lindsey (M. D. or other)  
Address 5400 Arsenal Date signed 5/25/46

**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 *James T. Guffey*

Licensed Embalmer No. *4091*

P. O. Address *St. Louis, Mo.*

**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.**