

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34805

FILED OCT 16 1946

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2083

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since Nov. 14, 1945
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 221 E. Felton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LYNCH, Charles A.

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 24 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Stillwater New York
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown 9
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (b) Date thereof Oct. 8, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director C. Hoffmeister & L. S. Broadway
(b) Address Co., St. Louis, Missouri
19. (a) 10-8-46 (b) Ruth J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1946 hour 6:10 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 14, 1945
to Oct. 4, 1946
that I last saw him alive on Oct. 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL THROMBOSIS Duration _____
Due to _____
Due to _____

Other conditions CORONARY ARTERIOSCLEROTIC HEART DISEASE UNK
(Include pregnancy within 3 months of death)

Major findings: Of operations No operations PHYSICIAN _____
Of autopsy Autopsy performed (See cause of Death) 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) No
(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 L. E. Stilwell (M. D. or other) _____
Address Vet. Adm. Hosp., Jeff. Bks. Mo. Date signed 10-4-46

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

JUL 1 1942

JUL 29 1942

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 J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.