

Registration District No. **273**

Primary Registration District No. **5907**

Registrar's No. **106**

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town State rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs
years, months or days

3. (a) PRINT FULL NAME Freddie Lee Lynch
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 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 Nov 6 1920
(Month) (Day) (Year)

8. AGE: Years 26 Months 8 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Wayne Co Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name John Lynch
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Lynch

(b) Address State rd

17. (a) Burial (b) Date thereof 7-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director St. Louis

(b) Address State rd

19. (a) 8-3-47 (Date received local registrar) (b) St. Louis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Missouri 28
(c) City or town State rural
(If outside city or town limits, write "RURAL")
(d) Street No. Coates rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1947 hour 12 minute _____ M.

21. I hereby certify that I attended the deceased from July 11, 1947 to July 11, 1947
that I last saw alive on July 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac hypertrophy & coronary leading to failure of heart Duration _____
due to Chronic tuberculosis

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 St. Louis (M. D. or other) _____

Address _____ Date signed 7/14/47

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

8-47-229

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..... *John H. German*
Licensed Embalmer No. *4355*
P. O. Address *Hayti, Mo Box 424*

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.