

No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33324
State File No. _____
Registrar's No. 1993

FILED SEP 29 1947

Registration District No. 577

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis (rural)
(b) City or town Highway 66 & Antire Road
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 35 years (Specify whether
In this community About 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4105 Castleman 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 20
year 47 hour _____ minute _____ M.

4. Sex Male 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 April 18th 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw h. _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months 5 Days 2 If less than one day hr. _____ min. _____

Immediate cause of death unknown natural causes Duration _____

9. Birthplace Webster Groves Missouri (City, town, or county) (State or foreign country)

Due to 200e
Due to _____

10. Usual occupation Clerk

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

11. Industry or business Mississippi Barge Line

Major findings: Of operations XXXXX PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Michael F Lynch

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

14. Maiden name Caroline Lena Sertel (City, town, or county) (State or foreign country)

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

16. (a) Informant Paul F Lynch
(b) Address 4136 Utah Place

17. (a) Burial (b) Date thereof 9/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John J. A Barrett
(b) Address 2819 Union Ave

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Natural causes. 96
(b) Date of occurrence Sept. 20, 1947

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
dry creek bed (Specify type of place) natural causes
Where at work? _____ (e) Means of injury corner
Signature Donald J. Willmann (M. D. or other) 3
Address Clayton, Mo. Date signed 9/23/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

FEB 18 1947

OCT 15 1947

STATEMENT BY LICENSED EMBALMER

OCT 14 1947

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

No Embalmer

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.