

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

FILED JUL 6 1948
Registration District No. 222

Primary Registration District No. 3066

State File No. _____
Registrar's No. 1469

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Kirkwood
(d) Street No. 10341 Manchester Road
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Mary Lynam
3. (b) If veteran, name war _____
3. (c) Social Security No. _____
4. Sex F. / 5. Color or race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife Thomas J. Lynam
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 15th., 1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 6th., year 1948 hour 11 minute 25 P. M.
21. I hereby certify that I attended the deceased from 4/1/48 to 6/6/48.
that I last saw her alive on 6/5/48 and that death occurred on the date and hour stated above.
Immediate cause of death Metastatic Carcinoma of rectum.

8. AGE: Years 89 Months 3 Days 21
9. Birthplace St. Louis Mo.
10. Usual occupation At Home

Duration _____
Due to _____
Due to _____
Other conditions _____
Major findings: none
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name James Hanlon
13. Birthplace Pa.
14. Maiden name MARY ELLEN SCOTLAND
15. Birthplace Ireland 4
16. (a) Informant Mrs. Gregory E. Moore
(b) Address 8114 Gannon Ave.
17. (a) Burial (b) Date thereof 6-9-48
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) 6-7-48 (b) _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature Warren J. Denton (M.D. or other) _____
Address 67-111 Grand Date signed 6/7/48

230-304

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.