#88064

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24494

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6789

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 6 0 0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3814 Laclede Av. 9
(If rural, give location)

(e) Citizen of foreign country? Memorial (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME SWAN MARTIN LYNN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Married/

6. (b) Name of husband or wife Alice Lynn

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased June (Month) 2, (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	1	29	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business

FATHER
12. Name Swan Lynn
13. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Ann Rundquist
15. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant Mrs. Alice Lynn
(b) Address 3814 Laclede Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) AUG 2 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1948 hour 11 minute 20 P M.

21. I hereby certify that I attended the deceased from 7/21/48
, 19 , to July 31st, 19 48
that I last saw h alive on July 31st, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Due to 9/4

Due to

Other conditions Procidentia rectum
(Include pregnancy within 3 months of death)

Major findings:
Of operations Procidentia rectum repaired 7/29/48.
Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature E. H. Cason M. D.
1515 Lafayette 8/2/48 (M.D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1945

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.