FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 918

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27965

Registrar's No. 7276

WRITE PLAINLY—USING 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: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether

In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Box #299, St. Louis County, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Spoede Road
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Clara Bell Lynch

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 M.

6. (b) Name of husband or wife Montgomery Lynch

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug. (Month) 25 (Day) 1884 (Year)

8. AGE: Years 63 | Months 11 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Maquoqueta, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Church Organist (Grace ME.)

11. Industry or business.....

FATHER
12. Name W. C. Bell
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie Batcheler
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Montgomery Lynch, Spoede Road,
(b) Address Box #299, St. Louis County, Mo.

17. (a) cremation (b) Date thereof 8-20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander Bros.
(b) Address 6175 Delmar

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1948 hour 1: minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug. 47, to Aug. 17, 1948,
that I last saw h.e.r. alive on Aug. 17, 1948,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Bronchial Pneumonia	
Due to: General Carcinomatosis	
Due to: Carcinoma of left Breast	5Y
Other conditions: General Metastases (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Mastectomy 1946, Ca. of Breast.
Of autopsy: General bones soft tissue Metastases.

PHYSICIAN

Underline the cause of 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 Paul K. Webb M.D. (M. D. or other)

Address 121 Olive St. Date signed 8-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Paul K. Webb.
Edmond Okl.
Edmont. 6938

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 Thomas W. Fenwick

Licensed Embalmer No. 3793

P. O. Address 6178 Delmar

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.