

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
100327966
State File No. 7550
Registrar's No.

Registration District No. 310

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Baptist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT
FULL NAMERuben Sylvester Lyon.

3. (b) If veteran,

name war

no.

3. (c) Social Security No.

no.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edith Lyon 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased July 9 1882
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

66119

hr.

min.

9. Birthplace

HydusPenn.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Store keeper

11. Industry or business

Wabash R.R.

12. Name

Frank Lyon

13. Birthplace

HydusPenn.

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

HydusPenn.

(City, town, or county)

(State or foreign country)

16. (a) Informant

Edith Lyon

(b) Address

4119 Westminister17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof

8-29-48

(Month) (Day) (Year)

(c) Place: burial or cremation

Detroit, Mich.

18. (a) Signature of funeral director

Watt Bros. & Co.

(b) Address

2929 S. Jefferson Av.19. (a) AUG 28 1948

(Date received from registrar)

J. J. Henedeck

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4119 Westminister h
(If rural, give location)
(e) 19 Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28
year 1948 hour 4 minute 08 A. M.

21. I hereby certify that I attended the deceased from 8/2/48 to 8/28, 1948
that I last saw him alive on 8/27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Duration

10 days

Due to

Arteriosclerotic Heart

Duration

3 yrs.

Due to

Arteriosclerotic Heart

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 9/3

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?

(Specify type of place)
While at work _____ (c) Means of injury _____

23. Signature A. J. Henedeck (M. D. or other) M.D.
Address 634 N. Grand Date signed 8/28/48

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Davis....., Registered Apprentice No.....
working under my personal supervision.

Signed Edgar F. Mitt.....

Licensed Embalmer No. 2117

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.