

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27967
Registrar's No. 7040

FILED AUG 23 1948

Registration District No. 818

Primary Registration District No. 1003

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: St. Johns Hospital
(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 NAME Mary A. Lyons

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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 May 5 1898
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Secretary

11. Industry or business Red Cross

12. Name Martin Lyons

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kearney

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Lyons

(b) Address 7031 Hunter Ave.

17. (a) Burial (b) Date of death 10-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. J. Brennan

(b) Address 1275 Harrison Blvd

19. (a) AUG 11 1948 (b) J. J. Brennan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 7031 Hunter Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1948 hour 5 minutes 50 A. M.

21. I hereby certify that I attended the deceased from 8/10/48 to 8/10/48
that I last saw her alive on 8/10/48 and that death occurred on the date and hour stated above.

Immediate cause of death Myo Sarcoma of uterus. Duration 8 mo.

Due to _____
Due to _____

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

Major findings: Myo Sarcoma of uterus with metastasis.
Of operations: _____
Of autopsy: None
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) _____
(e) Means of injury _____
23. Signature John J. Hennelly (M. D. or other) _____
Address 2703 Rippew Date signed 8/10/48

Hennelly

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

MOTHER, FATHER

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.....

Licensed Embalmer No. 3881

P. O. Address St. Louis, Mo

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.*