

STANDARD CERTIFICATE OF DEATH

FILED AUG 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7102

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 _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT

FULL NAME William Lyons

3. (b) If veteran,

name war World War I

3. (c) Social Security No.

4. Sex Male

5. Color or
race White

6. (a) Single, widowed, married,
divorced Widower

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

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

7. Birth date of deceased July
(Month)

28 (Day) 1901 (Year)

8. AGE:

Years

Months

Days

If less than one day

47

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13

hr.

min.

9. Birthplace

St. Louis

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

12. Name William P. Lyons

13. Birthplace

(City, town, or county)

Ireland

(State or foreign country)

14. Maiden name

Mary Frances Martin

15. Birthplace

(City, town, or county)

Cairo

Illinois

(State or foreign country)

16. (a) Informant

Mrs. George Loy

(b) Address

1609 Bradford Ave

17. (a) Eurial

(Burial, cremation, or removal)

(b) Date thereof

8 - 14 - 48

(Month) (Day) (Year)

(c) Place: burial or cremation

National Cem. Jefferson

18. (a) Signature of informant

W. P. Lyons

(b) Address

1609 Bradford Ave

19. (a) AUG 15 1948

(Date received local registrar)

(b) J. B. Bredek

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1609 Bradford 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 11th
year 1948 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from 8-11-48
_____, 19____, to 8-11-48, 19____;
that I last saw him alive on 8-11-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Perforated Peptic Ulcer 1 day

Due to _____
Due to _____

Other conditions Tuberculosis - Inactive
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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? _____

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

23. Signature E. N. Cason, M.D. (M. D. or other)

Address 1515 Lafayette Date signed 8-11-1948

SEP 11 1948

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 Gustav W. Dietrich

Licensed Embalmer No. 4329

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.