

No. 300  
-10-47  
-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 38400  
10025  
Registrar's No.

Registration District No. 318  
Primary Registration District No.

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Louis State Hospital  
(d) Length of stay: 15 Yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 80-2  
(c) City or town St. Louis  
(d) Street No. 5400 Arsenal  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JOHN LYNN  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Divorce  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased Unknown

8. AGE: Years Months Days If less than one day  
About 65 hr. min.

9. Birthplace St. Louis Mo.  
10. Usual occupation Attendant St. L. State Hosp

11. Industry or business  
12. Name James Lynn  
13. Birthplace Ireland  
14. Maiden name Unknown  
15. Birthplace Ireland

16. (a) Informant Mrs. Edith Lee  
(b) Address 126 Elwood St.

17. (a) Burial (b) Date thereof 11-18-48  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. B. FENDLER, JR. FUNERAL HOME  
(b) Address 7128 Michigan Ave

19. (a) NOV 19 1948 (b) J. B. Laster (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 17  
year 1948 hour 7:50 minute A. M.  
21. I hereby certify that I attended the deceased from  
October 4 1944 to November 17 1948

that I last saw him alive on November 17 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death  
Mitral Valvular Heart Disease 5 yrs  
(Chronic Rheumatic)  
Due to  
Due to  
Other conditions  
Major findings:  
Of operations  
Of autopsy NO

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature R. Hopfiker (M. D. or other)  
Address 5400 Arsenal St. Date signed 11/17

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

MOTHER FATHER

10025

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**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

*Clarence Rochow*

Licensed Embalmer No. 3093

P. O. Address. 7128 Michigan

**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.**