

FILED SEP 24 1949

STANDARD CERTIFICATE OF DEATH

State File No. 31966

99777

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 7998

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. LENGTH OF STAY (In this place) 6		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, City Hospital #1.		d. STREET ADDRESS 23		e. (If rural, give location) 1609 MENARD.	
3. NAME OF DECEASED (Type or Print)		a. (First) OLIVER		b. (Middle) LYONS	
c. (Last)		4. DATE OF DEATH		(Month) (Day) (Year) Sept. 13th, 1949	
5. SEX MALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED? MARRIED	
8. DATE OF BIRTH MARCH 15-1903		9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CORN PRODUCT WORKER		10b. KIND OF BUSINESS OR INDUSTRY BUSCH BREWERY		11. BIRTHPLACE (State or foreign country) Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME OLIVER LYONS		13b. MOTHER'S MAIDEN NAME EMMA FIEBER	
14. NAME OF HUSBAND OR WIFE DOROTHY LYONS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs Dorothy Lyons		ADDRESS 1609 Menard			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction  ANTECEDENT CAUSES Coronary Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4221	
22. I hereby certify that I attended the deceased from 9/8/49, 19, to 9/13/49, 19, that I last saw the deceased alive on 9/13/49, 19, and that death occurred at 7:30 PM, from the causes and on the date stated above.					
23a. SIGNATURE J. Murphy		(Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 9/14/49		24a. BURIAL OR CREMATION (Specify) BURIAL		24b. DATE SEPT-16-49	
24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS cem		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
DATE REC'D BY LOCAL SEP 15 1949		REGISTRAR'S SIGNATURE B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE C. J. Schuur	
				ADDRESS 3125 Lafayette av	

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Joseph Wollmer  
Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

**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.