

FILED NOV 29 1949

STANDARD CERTIFICATE OF DEATH

State File No. 36834

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4183 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pacific</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In May 66. 3</u>		d. STREET ADDRESS (If rural, give location) <u>433 EDGET RD.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>John</u> c. (Last) <u>Lynott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 16, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec 12, 1914</u>
9. AGE (In years last birthday) <u>35</u>		10. KIND OF BUSINESS OR INDUSTRY <u>TEACHER</u>	11. BIRTHPLACE (State or foreign country) <u>LANCASHIRE, B. C. I.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ST. LOUIS UNIVERSITY</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>WILLIAM P. LYNOTT</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE MURPHY</u>	
14. NAME OF HUSBAND OR WIFE <u>CATHERINE LYNOTT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>CATHERINE LYNOTT</u> ADDRESS <u>433 EDGET RD.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured neck</u>  ANTECEDENT CAUSES DUE TO (b) <u>Fractured left arm</u> DUE TO (c) <u>Fractured Right Leg</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Crushed chest</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>E979X</u>	
21a. ACCIDENT (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>only 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pacific Franklin Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) <u>November 16, 1949 11a</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Symptoms a Whiff at Pacific Mo</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Pho. P. Shaffer</u> (Degree or title) <u>Cover</u>		23b. ADDRESS <u>Sullivan mo</u>	
23c. DATE SIGNED <u>11/16/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>11-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Coughlan</u> ADDRESS <u>716 Manchester</u>	
DATE REC'D BY LOCAL REG. <u>Nov 18 1949</u>		REGISTRAR'S SIGNATURE <u>Mary B. Green</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

36

DEC 27 1945

District File Number

District Health Officer No. 9

11-23-49

RECEIVED

DEC 27 1945

APR 4 1950

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

*J. Allen Davis, Jr.*

Licensed Embalmer No.

4053

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.