

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2758

State File No. _____

Registrar's No. 207

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 207					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE 53 Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2059				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1438 East Grand				d. STREET ADDRESS (If rural, give location) 5 5371 Cabanne									
3. NAME OF DECEASED (Type or Print) a. (First) MORRIS			b. (Middle) E			c. (Last) LYONS			4. DATE OF DEATH (Month) (Day) (Year) 1- 9 50				
5. SEX D male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid.		8. DATE OF BIRTH July 2 1876		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 100 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY Liquor		11. BIRTHPLACE (State or foreign country) St. Louis Mo.			12. CITIZEN OF WHAT COUNTRY? 0				
13a. FATHER'S NAME David Lyons				13b. MOTHER'S MAIDEN NAME Rosa Drey				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Ben Lyons						ADDRESS 6803 Kessler		
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>Carcinoma of the lungs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION 5		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) 162X								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from Aug 1, 1949 to Jan 9, 1950, that I last saw the deceased alive on Jan 2, 1950 and that death occurred at 3 a. m. from the causes and on the date stated above.													
23a. SIGNATURE Ben Lyons				(Degree or title) M.D.				23b. ADDRESS 1918 East Cabanne		23c. DATE SIGNED 1/9/50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1/10/50		24c. NAME OF CEMETERY OR CREMATORY Mt Olive			24d. LOCATION (City, town, or county) (State) St Louis, Mo						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 9 1950				25. FUNERAL DIRECTOR'S SIGNATURE Meyer				ADDRESS 4358 Indale					

(Licensed Embalmer's Statement on Reverse Side)

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

[Handwritten signature]

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.

Signed.....

Student Embalmer

Licensed Embalmer No.....

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.