

FILED FEB 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7169

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 428

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS Missouri</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>PINE LAWN</u>	c. LENGTH OF STAY (In this place) <u>YEAR</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINE LAWN 4150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1235 Oakwood Ave.,</u>		d. STREET ADDRESS (If rural, give location) <u>1235 Oakwood Avenue 0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>EDMOND</u>	b. (Middle) <u>V. (EDWARD)</u>	c. (Last) <u>LYNCH</u>	(Month) <u>2</u>	(Day) <u>17</u>	(Year) <u>1950</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>9-17-1875</u>	9. AGE (In years last birthday) <u>74 yrs</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Lynch</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Haley</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY # <u>#488-09-6048</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. V. Lynch, 1235 Oakwood Ave.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombotic Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0</u>	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 <u>April 16, 1950</u> , to <u>17 Feb, 1950</u> , that I last saw the deceased alive on <u>16 Feb, 1950</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.		

23a. SIGNATURE <u>A. Bechterhoff</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>634 N. Grand</u>	23c. DATE SIGNED <u>2/17/50</u>
24a. BURIAL, CREMATION; REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Int. Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>

DATE REC'D BY LOCAL REG. <u>2-17-50</u>	REGISTRAR'S SIGNATURE <u>Herbert K. Wombe, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan Fun. Dir.</u>	ADDRESS <u>2849 N. Euclid Ave.</u>
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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

Robert L. Brinkman

Licensed Embalmer No. 3553

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.