

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15189

FILED MAY 11 1950

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1183

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</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) <u>Clayton Mo</u>	c. LENGTH OF STAY (in this place) <u>3 Wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kinloch Missouri 4090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Lyons (near) Carson</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JACKSON</u>	b. (Middle) <u>E</u>	c. (Last) <u>LYONS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1950</u>
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5. SEX <u>Male - M</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-8-1890</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>60 4 27</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Huntsville ALBA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Susie Lyons</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>499-03-3855</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Susie Lyons</u>	ADDRESS
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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>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 minutes</u> <u>3 wks</u> <u>3 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral thrombosis</u>		
	DUE TO (c) <u>pneumothorax, atelectasis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>to trauma - (supp-report)</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>520X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1150</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>11:50 AM</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 April 12, 1950, to May 5, 1950, that I last saw the deceased alive on May 5, 1950, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Print or type) <u>Jack A. Gregory Jr M.D.</u>	23b. ADDRESS <u>601 S. Brentwood Clayton, Mo</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/9/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>MAY 8 1950</u>	REGISTRAR'S SIGNATURE <u>Hubert L. Shanks, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros Funeral Home</u>	ADDRESS <u>Kinloch Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Edward A. Flynn

Licensed Embalmer No.

451111

P. O. Address

14578^e Puy

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.

Ln 7664