

FILED DEC 27 1950

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

42543

State File No. \_\_\_\_\_

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10670**

1. PLACE OF DEATH a. COUNTY <u>1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#5 N. 9th St.</u>		d. STREET ADDRESS (If rural, give location) <u>25 #5 N. 9th Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUTHER</u> b. (Middle) _____ c. (Last) <u>LYNCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 12 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>Oct. 10, 1901</u>
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 11 HRS. Days <u>2</u> Hours _____ Min. _____
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 _____	11. BIRTHPLACE (State or foreign country) <u>LOUISA, KY</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Burrell Lynch</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Copeley</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Lynch</u>		ADDRESS <u>Louisa, Kentucky</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</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 _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>2</u> <sup>19</sup> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:50 P.M.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Catrick B. Taylor</u> (Degree or title) _____		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>12 14 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>12-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>E. St. Louis</u>	
24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Ill</u>		DATE REC'D BY LOCAL REG. <u>DEC 14 1950</u>	
REGISTRAR'S SIGNATURE <u>F. P. Kacater</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. K. Kurrus Jr</u>	
ADDRESS _____		ADDRESS <u>2525 State</u>	

(Licensed Embalmer's Statement on Reverse Side)

East St Louis Ill

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

working under my personal supervision.

*Not  
Embalmed*

Student Embalmer No. ....

Signed.....

*[Handwritten Signature]*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3162

P. O. Address East St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.