S. No. 300
v. 10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1952

State File No. 10275

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2380

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2189
d. STREET ADDRESS (If rural, give location): 18 4458 Vista Ave. 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): WILLIAM
b. (Middle): C.
c. (Last): LYNCH

**4. DATE OF DEATH** (Month) (Day) (Year): MARCH 12, 1952

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: 11-23-1869
**9. AGE** (In years last birthday): 82 — IF UNDER 1 YEAR: Months 3, Days 19 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Ret. Motorman
**10b. KIND OF BUSINESS OR INDUSTRY**: Pub. Serv. Co.
**11. BIRTHPLACE** (State or foreign country): Valley Park, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Anthony Lynch
**13b. MOTHER'S MAIDEN NAME**: Mary Jane West
**14. NAME OF HUSBAND OR WIFE**: Emma E. Lynch

**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.**
**17. INFORMANT'S SIGNATURE OR NAME, ADDRESS**: Theo Lynch, 2543 High School Dr. Ave.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis

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.* Bleeding duodenal ulcer

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 332X

22. *I hereby certify that I attended the deceased from* 2-21-52, 19___, *to* 3-12-52, 19___, *that I last saw the deceased alive on* 3-12-52, 19___, *and that death occurred at* 4:00A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Robert Kryasa MD
**23b. ADDRESS**: 1515 Lafayette Avenue
**23c. DATE SIGNED**: 3-12-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 0
**24b. DATE**: 3-14-1952
**24c. NAME OF CEMETERY OR CREMATORY**: St. Peter's Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: MAR 13 1952
**REGISTRAR'S SIGNATURE**: J Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS**: JAY B. SMITH, 7456 Manchester Ave. Maplewood 17, Mo.

m&B

(Licensed Embalmer's Statement on Reverse Side)

## 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 H L Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.