

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36619

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

No. 300  
10.48

NOV 13 1952

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Registrar's No. 10005

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		21930	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3715 A CONNECTICUT ST</u>				d. STREET ADDRESS (If rural, give location) <u>16 3715 A CONNECTICUT ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LULU</u>		b. (Middle) _____		c. (Last) <u>LYNCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29-52</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC-26-1883</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENRY BRUEMMER</u>		13b. MOTHER'S MAIDEN NAME <u>LENA MARSCHMIDT</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN J LYNCH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. John J Lynch 3715 A Connecticut</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis - generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myo carditis -</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21f. HOW DID INJURY OCCUR <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>July 1948</u> , to <u>Oct 29, 1952</u> , that I last saw the deceased alive on <u>29 Oct</u> , 19 <u>52</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edward J. Jordan M.D.</u>		23b. ADDRESS <u>1504 South Grand</u>		23c. DATE SIGNED <u>30 Oct 52</u>			
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct-31-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S S PETER + PAUL Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 31 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schmur 3125 Lafayette Ave</u>			

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

*Joseph B. Wallmer*

Licensed Embalmer No. *4214*

P. O. Address

*3125 Lafayette*

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.