

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

State File No. 44084

**FILED DEC 30 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3221

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>ST. LOUIS</u>	b. CITY (If outside corporate limits, write RURAL and give town) <u>PINE LAWN</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>ST. LOUIS</u>
c. LENGTH OF STAY (in this place) <u>13 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>PINE LAWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3422 PINE GROVE</u>		d. STREET ADDRESS (If rural, give location) <u>3422 PINE GROVE</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>RODNEY</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>LYNCH</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12/16/52</u>
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<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>SINGLE</u>	<b>8. DATE OF BIRTH</b> <u>MAY 16, 1937</u>	<b>9. AGE</b> (In years last birthday) <u>15</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hour _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>AT SCHOOL</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>School</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>EAST ST. LOUIS ILLINOIS</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>RUSSELL E. LYNCH</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>INEZ EUELL</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>RUSSELL E. LYNCH</u>	<b>ADDRESS</b> <u>3422 PINE GROVE AVE</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>unknown natural causes</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>7955</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Herbert R. Domke</u> (Degree or title) <u>Local Registrar</u>	<b>23b. ADDRESS</b> <u>651 S. Brentwood Blvd.</u>	<b>23c. DATE SIGNED</b> <u>24 Dec 52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVAL</u>	<b>24b. DATE</b> <u>12/19/52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>MT HOPE CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>BEELEVILL ILLINOIS</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12-18-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Domke</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>STROOT - CARROLL</u>	<b>ADDRESS</b> <u>4600 NATURAL BRIDGE AVE</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 Albert Marfield

Licensed Embalmer No. 3077

P. O. Address St. Louis, Mo.

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.