

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

3424

1080

FILED FEB 11 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b> <b>4683</b>	
c. LENGTH OF STAY (In this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location) <b>316 W. Jefferson Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin-Desloge Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>P.</b> c. (Last) <b>LYNCH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 28, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 6, 1870</b>
9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Clerk</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kirkwood, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cupples Corp.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James Lynch</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Reilly</b>	14. NAME OF HUSBAND OR WIFE <b>Katherine Lynch</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Emily Quail, Kirkwood Mo.</b> ADDRESS
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) <b>Arteriosclerosis - Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH  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.	
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)		21d. HOW DID INJURY OCCUR? <b>331X</b>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>1/27, 1953</b> to <b>1/28/53, 1953</b> , that I last saw the deceased alive on <b>1/27, 1953</b> , and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Malcolm B. Bawell M.D.</b>		23b. ADDRESS <b>4660 Maryland</b>	
23c. DATE SIGNED <b>1/28/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/31/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 30 1953</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Louis H. Popp, Inc. Kirkwood</b> ADDRESS	
REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>No.</b>	

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

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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 Felix Hurand

Licensed Embalmer No. 3034

P. O. Address Bukwood 222m

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.