

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27118

State File No.

FILED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1906

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>D.O.A.</u>		e. STREET ADDRESS (If rural, give location) <u>2107 3417a Magnolia Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute County Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>J.</u> c. (Last) <u>LYNCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 8, 1946</u>
9. AGE (In years last birthday) <u>7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Schoolboy</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James A. Lynch</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Luepke</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James A. Lynch 3417a Magnolia Ave.</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) <u>Suffocation by drowning- while wading in Castlewood Swimming Pool</u> DUE TO (b) <u>when he got into nine feet of water.</u> DUE TO (c) <u>lifeguard.</u> Body recovered by Noel Koelling, 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 (Specify) SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Swimming pool</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Castlewood 400 St. Louis Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7/8/53 5:00 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Drowning</u>
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 <u>5:00 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Arnold J. Willmann</u> Coroner		23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>7/10/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 11, 1953</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>7-10-53</u>	REGISTRAR'S SIGNATURE <u>Harbert R. Dombke Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>	

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

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3

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.....
Signature of Student Embalmer

Signed *William P White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *428 E. Kingshigh*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed; fact should be so stated above.