V.S. No. 300
REV. 10.48

XC 2 426 449
REG #103727

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27306

BIRTH No. FILED AUG 6 - 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1821

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 360 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JEFFERSON
c. CITY OR TOWN: HOUSE SPRINGS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): ROUTE #1

3. NAME OF DECEASED (Type or Print)
a. (First): PHILIP
b. (Middle): (NMI)
c. (Last): LYNCH

4. DATE OF DEATH (Month) (Day) (Year): 7-19-53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 9-19-69
9. AGE (In years last birthday): 83 YRS.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL FARMING
11. BIRTHPLACE (City and State or Foreign Country): BYRNESVILLE, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: PHILIP LYNCH
13b. MOTHER'S MAIDEN NAME: KATHRYN MATTHEWS
14. NAME OF HUSBAND OR WIFE: DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): SPAW
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS., MO.

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, RIGHT MIDDLE CEREBRAL ARTERY — INTERVAL BETWEEN ONSET AND DEATH: 1 YR.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS OF CEREBRAL ARTERIES — UNKNOWN
DUE TO (c) 332X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DIEASE

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

22. *I hereby certify that I VA attended the deceased from* 7-24, 1952, *to* 7-19, 1953, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. Harkins
(Degree or title): M.D.
23b. ADDRESS: VET. ADM. HOSPITAL, JEFF. BRKS, MO.
23c. DATE SIGNED: 7-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 7-20-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): House Springs - Mo.

DATE REC'D BY LOCAL REG.: 7-22-53
REGISTRAR'S SIGNATURE: Herbert R. Donker M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Brimmer - House Springs - Mo.

(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.....
Signature of Student Embalmer

Signed R O Yalunke

Licensed Embalmer No. 3917

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.