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FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20206  
Registrar's No. 5240

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>18 Days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>10 3916 Lexington 2100</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patrick</u> b. (Middle) <u>Henry</u> c. (Last) <u>Lyons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>Nov 1, 1862</u>		9. AGE (In years last birthday) <u>92</u>		10. IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Michael Lyons</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hannahan</u>	
14. NAME OF HUSBAND OR WIFE <u>Katherine Creedon</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 <u>Catherine Lyons</u>		18. ADDRESS <u>3916 Lexington</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension - Arteriosclerosis</u>		<u>Yrs.</u>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Skin</u>		<u>Yrs.</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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331x</u>	

22. I hereby certify that I attended the deceased from May 27, 1955, to June 15, 1955, that I last saw the deceased alive on June 15, 1955, and that death occurred at 11:25 AM on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Vermillion, M.D.</u>		23b. ADDRESS <u>Barnes Hospital</u>		23c. DATE SIGNED <u>6/25/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 18, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) <u>St. Louis</u>		24e. (State) <u>Mo</u>			

DATE REC'D BY LOCAL REG. <u>JUN 17 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Cullen Kelly</u>	
				ADDRESS <u>7217 Natural Bridge</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....  
*James A. Lamm*

Licensed Embalmer No.....*4*

P. O. Address.....*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.