

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 10 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1694

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| 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 <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u> | c. LENGTH OF STAY (in this place) <u>8 months</u> | c. CITY OR TOWN <u>Clayton</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mount St. Rose Hospital</u> | | STREET ADDRESS (If rural, give location) <u>22 North Meramec Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) _____ c. (Last) <u>LYNN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 23rd 1955</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 25th 1883</u> | 9. AGE (In years last birthday) <u>71</u> | 10. <u>11</u> Days <u>29</u> Hours <u>00</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>City of Clayton</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>John Lynn</u> | 13b. MOTHER'S MAIDEN NAME <u>Ann Walsh</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Lynn</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>496-14-8309</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Lynn 22 North Meramec Ave.</u> |

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>1.5 yrs?</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> | | |
| | 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. <u>Generalized Arteriosclerosis</u> | | <u>Unknown</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>002X</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? |

22. I hereby certify that I attended the deceased from 12 Nov, 1954, to 23 July, 1955, that I last saw the deceased alive on 22 July, 1955, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>John F. McCann MD.</u> | 23b. ADDRESS <u>9101 S. Broadway, St. Louis</u> | 23c. DATE SIGNED <u>25 July 55</u> |
| 24a. RITUAL CREMATION | 24b. DATE <u>July 26 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | |

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| DATE REC'D BY LOCAL REG. <u>7/25/55</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D., H. Boeklage</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>6536 Clayton Rd.</u> |
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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.....
Signature of Student Embalmer

Signed.....
Robert M. Murray
3749

Licensed Embalmer No.....

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

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.