

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32217

State File No. ....

FILED SEP 26 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8388**

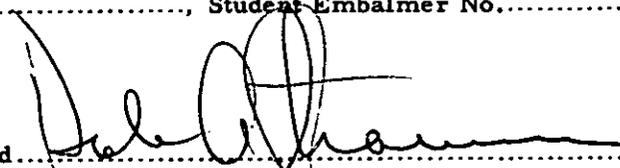
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>		c. CITY OR TOWN <b>St. Louis,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin-Desloge Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3245 California Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>C.</b> c. (Last) <b>LYONS.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 10, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 6, 1880</b>
9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	11. BIRTHPLACE (City and State or Foreign Country) / <b>St. Libroy, Illinois.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>William Thiemann</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Ballman</b>
14. NAME OF HUSBAND OR WIFE <b>John J. Lyons</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Lyons-4103 Federer Pl.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Basilar Artery Thrombosis (brain)</b> <b>Basilar Artery Thrombosis (brain)</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES <b>Arteriosclerosis (generalized)</b> DUE TO (b) <b>Arteriosclerosis. Generalized.</b> DUE TO (c) <b>Multiocular cyst, right kidney</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4520 332x</b>	
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept 1, 1956</b> , to <b>Sept 10, 1956</b> , that I last saw the deceased alive on <b>Sept 10, 1956</b> , and that death occurred at <b>2:30P m.</b> , from the causes and on the date stated above. <b>9-11-56</b>			
23a. SIGNATURE <b>Harold Freedman</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>607 N. Grand</b> <b>607 No Grand Blvd</b>	
23c. DATE SIGNED <b>9/11/56</b>		24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>9-13-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser-4228 S. Kingshighway Bl.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 11 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b> <b>S.P.</b> (Licensed Embalmer's Statement on Reverse Side)	

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.....  


Licensed Embalmer No. 453

P. O. Address .....

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.