

Health, Welfare, Public Service, 300, 1-5, All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. X-11

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19587

FILED MAY 20 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registor's No. 1182

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkwood		c. CITY OR TOWN Kirkwood 4733	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 513 W. Woodbine		d. STREET ADDRESS 513 W. Woodbine	
Length of stay in 1b 3 Oyrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ernest Middle L. Last Lyons			4. DATE OF DEATH Month May Day 7, Year 1957			
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 11, 1899	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Athletic Director	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13. FATHER'S NAME Thomas Lyons	14. MOTHER'S MAIDEN NAME Minnie Unk.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War One	16. SOCIAL SECURITY NO. unk.	17. INFORMANT Audrey Lee Lyons, 513 W. Woodbine	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 wks.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerosis Heart Disease</i>		5 yrs.?
	DUE TO (c) <i>S.</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>4200</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED? (Enter nature of injury in Part I or Part II of item 18.) <i>4200</i>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from *5-7-57* to *5-7-57* and last saw ~~him~~ *him* alive on *5-7-57*  
Death occurred at *4:15 a.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. N. Barnett</i>	(Degree or title)	22b. ADDRESS <i>1024 E. Manchester Rd. Kirkwood, Mo.</i>	22c. DATE SIGNED <i>5-7-57</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/10/57	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Pfitzinger Mortuary, Kirkwood, Mo.	25. DATE RECD. BY LOCAL REG. 5-7-57	26. REGISTRAR'S SIGNATURE <i>Herbert B. Donk</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *Ben C. Hoffma*  
.....

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.