

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007390

STATE FILE NUMBER

2 1383

FILED MAR 2 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Length of stay in 1b 3-wks.	d. STREET ADDRESS (If outside, give location) 5301 Page Blvd.
3. NAME OF DECEASED (Type or print) First Mary Middle T. Last Lynch			4. DATE OF DEATH Month Feb. Day 8, Year 1959
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 14, 1884
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Secty. Railway Express Co.	11. BIRTHPLACE (City and state or country) Penn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Secty. Railway Express Co.		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James P. Lynch		14. MOTHER'S MAIDEN NAME Margaret Stanley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 712-16-0207	17. INFORMANT Address Mr. Henry F. Suren, 1730 Clark Ave.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Left Hip. Arterio sclerosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) E9027 DUE TO (c) 45			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. RECEIVED ANY INJURY (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year 1 15 59		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) De Paul Hospital	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN OR LOCATION St. Louis Mo	COUNTY _____ STATE _____
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE Joseph M. Suren		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 2/9/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 11, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Patrick's Cemetery	23d. LOCATION (City, town, or county) (State) Alton, Ill.
24. FUNERAL DIRECTOR Arthur J. Nonnely		ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. FEB 9 '59
		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

UNLESS THIS PART MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

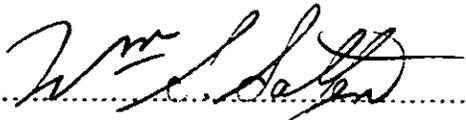
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8361 6 NHP

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 4

P. O. Address 3840

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.