

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011155

STATE FILE NUMBER

2-3016

APR 6 1959 Registration District No.

Primary Registration District No.

Registration District No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo. | | 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 St. Louis City Hospital #1 INSTITUTION | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 4456 West Belle |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|-------------------------------------|----------------|--------|---------------|------------------|------------|-----------|------------|
| 3. NAME OF DECEASED (Type or print) | First Lmina | Middle | Last Lyons | 4. DATE OF DEATH | Month 3 | Day 24 | Year 59 |
|-------------------------------------|----------------|--------|---------------|------------------|------------|-----------|------------|

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|------------------|---------------------------|--|-------------------------------|--|---------------------------------|---|
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 5/24/1889 | 9. AGE (In years last birthday) .69 | IF UNDER 1 YEAR Months 10 | IF UNDER 24 HRS. Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Blandville, Ky. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Ransom Edmonds | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Tweet Lyons |
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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) No None | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Estate Dunlap | Address 4456 West Belle |
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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) Pneumonia (Aspirin) (Aspirin) Stroke Dicks Mallin Mallin | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260x | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) 260x |
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| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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 |
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| 21. I attended the deceased from 2-10-59 to 3-24-59 and last saw her alive on 3-24-59 Death occurred at 1:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE G. F. Jones M.D. | 22b. ADDRESS 1515 Lafayette Ave. | 22c. DATE SIGNED 3-24-59 |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3/27/59 | 23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
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| 24. FUNERAL DIRECTOR Charles J. Gates | ADDRESS 4107 Finney | 25. DATE RECD. BY LOCAL REG. MAR 25 '59 | 26. REGISTRAR'S SIGNATURE Earl Smith M.D. |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

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 *Lucius Johnson*

Licensed Embalmer No. *4341*.....

P. O. Address *4107 Junney*.....

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.