

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

**FILED VS OCT 1 9 1959**

**59-037824**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

2 8986

UNRECORDED

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>St. Louis</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>DePaul St. Louis</b>		Length of stay in 1b <b>2 days</b>		c. CITY OR TOWN <b>Beverley Hills</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3418 Lucas-Hunt Rd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOHN JOSEPH LYNCH</b>				4. DATE OF DEATH Month Day Year <b>Sept. 28, 1959.</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/14/86</b>		9. AGE (last birthday) <b>73</b>			
				IF UNDER 1 YEAR Months Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Board of Education</b>			11. BIRTHPLACE (City and state or country) <b>Springfield Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>John Lynch</b>			13b. MOTHER'S MAIDEN NAME <b>Ellen (Unknown)</b>			14. NAME OF HUSBAND OR WIFE <b>Mary (Unknown)</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Helen Noble 3418 Lucas - Hunt Rd.</b>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Branchopneumonia</b>								INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic bronchitis with emphysema</b>								<b>2 years.</b>			
DUE TO (c) <b>502.0</b>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)							
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year											
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 <b>September 20, 1959</b> to <b>September 28, 1959</b> and last saw <sup>her</sup> him alive on <b>September 28, 1959</b> Death occurred at <b>2:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <b>John T. Sawton, M.D.</b>				22b. ADDRESS <b>634 N. Grand Blvd.</b>				22c. DATE SIGNED <b>Sept. 29, 1959</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/1/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>			23d. LOCATION (City, town, or county) <b>St. Louis Mo.</b>				
24. FUNERAL DIRECTOR <b>Cullen &amp; Kelly</b> ADDRESS <b>7267 Natural Bridge</b>				25. DATE RECD. BY LOCAL REG. <b>SEP 30 1959</b>		26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>					

(Licensed Embalmer's Statement on Reverse Side)

*M. J. B.*

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*James A. Lemmer*

Licensed Embalmer No. 4142

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.