

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 10 yrs.		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5475 Vera Avenue.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET LILLIAN LYNN				4. DATE OF DEATH Month Day Year November 1, 1960					
5. SEX Female	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 7-28-1921	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coil Winder			10b. KIND OF BUSINESS OR INDUSTRY Century Electric		11. BIRTHPLACE (City and state or country) Kenosha, Wisconsin		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Wiley Skinner			13b. MOTHER'S MAIDEN NAME Julia Barksdale		14. NAME OF HUSBAND OR WIFE Wilford C. Lynn				
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. 420-22-0740		17. INFORMANT Address Wilford C. Lynn, 5475 Vera 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) <u>Respiratory Failure 1 Hour.</u> DUE TO (b) <u>Fulminant Septicemia 5 days</u> DUE TO (c) <u>Possible Bacterial Haemophilus?</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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) 464 x					PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
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.)					
20c. TIME OF INJURY Hour Month, Day, Year s.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 <u>3-29-60</u> , to <u>11-1-60</u> and last saw her/him alive on <u>11-1-60</u> . Death occurred at <u>9 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Walter Daniel Cullman, M.D.</i> (Degree or title)				22b. ADDRESS <i>8307d Spring St.</i>				22c. DATE SIGNED <i>2 Nov 60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-4-1960	23c. NAME OF CEMETERY OR CREMATORY Valley Springs Cemetery		23d. LOCATION (City, town, or county) Cullman, Alabama		(State)		
24. FUNERAL DIRECTOR ADDRESS Stock Mortuaries, 2117 E. Grand Bl.			25. DATE RECD. BY LOCAL REG NOV 2 1960		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DR. GOODMAN  
8307 JENNINGS RD.

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul A. Wachter

Licensed Embalmer No. 4782

P. O. Address Shaw St

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.