SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1961 318

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 1736 STATE FILE NUMBER 61-006690

AMENDED

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b: 20 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4543 Greer Ave.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4543 Greer Ave
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Charles; Middle: Vincent; Last: Lynn

4. DATE OF DEATH: Month: 2; Day: 19; Year: 61

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-2 - 20

9. AGE (last birthday): 40 Yrs.

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): Salesman.

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco Co.

11. BIRTHPLACE (City and state or country): Atlanta, Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Troy Lynn

13b. MOTHER'S MAIDEN NAME: Arminta Foreman

14. NAME OF HUSBAND OR WIFE: Lenora Mae Lynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.2

17. INFORMANT: Lenora Mae Lynn
Address: 4543 Greer Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Coronary Occlusion.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Heart Disease.
DUE TO (c): 420.1

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____

Death occurred at 247 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul J. Simon (Degree or Title) Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 2/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-23-61

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson Barracks Mo.

24. FUNERAL DIRECTOR: PETTIS MORTUARY
ADDRESS: 4181 WASHINGTON BLVD.

25. DATE RECD. BY LOCAL REG.: FEB 21 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Esther N. Harris

Licensed Embalmer No. 4458

P. O. Address 418 Washi

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.