

318

1003

8441

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED SEP 18 1961

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay-in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		c. CITY OR TOWN Kirkwood		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If died in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1409 Christian		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First JOHN Middle JAMES Last LYNCH						4. DATE OF DEATH Month SEPTEMBER Day 8 Year 1961							
5. SEX Male		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 6-17-1886		9. AGE (last birthday) 75		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) Manufacturer				10b. KIND OF BUSINESS OR INDUSTRY Hercules Tool & Die				11. BIRTHPLACE (City and state or country) Dubuque, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME James F. Lynch				13b. MOTHER'S MAIDEN NAME Elizabeth Glab				14. NAME OF HUSBAND OR WIFE Marie Lynch					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no						17. INFORMANT Address Mrs. Marie Lynch 1409 Christine							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT, SUSPECTED										INTERVAL BETWEEN ONSET AND DEATH FEW YEARS			
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS													
DUE TO (c) 331X													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE										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 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 _____ 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 MAY 21, 1940 to SEPT. 8, 1961 and last saw her/him alive on SEPT. 8, 1961 Death occurred at 4:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>C. D. Smith, M.D.</i> (Degree or title) M. D.						22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED 9/9/61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-11-61		23c. NAME OF CEMETERY OR CREMATORY Valle Springs Cemetery			23d. LOCATION (City, town, or county) Ste. Genevieve, Mo.			(State)			
24. FUNERAL DIRECTOR Louis H. Bopp, Inc. Kirkwood, Mo.					25. DATE RECD. BY LOCAL REG. SEP 11 1961		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>						

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 Francis J. Wyndorf

Licensed Embalmer No. 4572

P. O. Address Richwood, Mo.

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.