SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

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AMENDED

Registration District No. 347 Primary Registration District No. 541 Registrar's No. 3170 STATE FILE NUMBER 43185

FILED NOV 21 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b 8 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) #49 Ridgemoor Dr. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Clayton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) #49 Ridgemoor Dr. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARY Middle E. Last LYNCH

4. DATE OF DEATH Month Nov. Day 9 Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 7-24-1875

9. AGE (last birthday) 86 — 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) Housework

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) CINCINNATI, OHIO

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Flaherty

13b. MOTHER'S MAIDEN NAME Margaret Sufford

14. NAME OF HUSBAND OR WIFE Late Edward L. Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Herman F. Kriegshauser Address 114 Lake Forest

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

IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart disease — 10 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Total Blindness

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 April 1956, to Nov 9 1961 and last saw her alive on Nov 1 1961
Death occurred at 9:15 A.M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. E. H. Lindeman (Degree or title) MD

22b. ADDRESS 4126 Shrew Ave

22c. DATE SIGNED Nov 10 1961

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

23b. DATE Nov. 13, 1961

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Kriegshauser 9450 Olive St. Road

25. DATE RECD. BY LOCAL REG. 11-10-61

26. REGISTRAR'S SIGNATURE John C. Murphy Md

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Ernest W. Spie

Signature of Student Embalmer

Licensed Embalmer No. 4080

P. O. Address_____

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.