

FILED MAY 26 1945

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4284

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Cattanooga
(If outside city or town limits, write "RURAL.")
(d) Street No. _____
(If rural, give location) N.R.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

WILLIAM G. LYNCH

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Lynch 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased 8/19/06
(Month) (Day) (Year)

8. AGE: Years 38 Months 5 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Stanton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Gen. farm work

12. Name Anton G. Lynch

13. Birthplace N. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Scott
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant A. G. Lynch

(b) Address Cattanooga, Mo.

17. (a) Burial (b) Date thereof May 12 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Herbert C. Furr

(b) Address Pacific Missouri

19. (a) MAY 15 1945 (b) J. F. Breneck
(Date received local health officer's report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1945 hour 11:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from 5/7/45
_____, 19____, to 5/9/45, 19____;
that I last saw him alive on 5/9/45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration _____

Due to _____

Due to _____

Other conditions Tuberculosis
(Including pregnancy within 3 months of death)

Major findings: meningitis

Of operations _____

Of autopsy same

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Cause of injury _____

23. Signature Herbert C. Furr (M, D, or other) _____

Address 1515 Lafayette Date signed 5/10/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4284

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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.....

..... Registered Apprentice No.

working under my personal supervision.

Signed..... *Joe L. Heber*

..... Licensed Embalmer No. *3008*

..... P. O. Address *Buffalo 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 this body is not embalmed, fact should be so stated above.