

FILED NOV 9 1950

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33836

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241 Registrar's No. 181

0480
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) TOWN Oak Grove, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, 2089	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 8656 Oriole Ave. 1	

3. NAME OF DECEASED (Type or Print) a. (First) HARLEN b. (Middle) THOMAS c. (Last) LYNCH			4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1950			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH 10-17-1906	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 0 Days 2	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager		10b. KIND OF BUSINESS OR INDUSTRY Moving & Storage		11. BIRTHPLACE (State or foreign country) St Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Michael Lynch		13b. MOTHER'S MAIDEN NAME Jane Collins		14. NAME OF HUSBAND OR WIFE Eunice Lynch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 490-12-6758		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eunice Lynch, St Louis, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE Rudolph C. Feutz, M.D. Deputy Registrar		23b. ADDRESS 4050 Broadway St. Louis		23c. DATE SIGNED 10-19-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 10-23-50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St Louis, Missouri	
DATE REC'D BY LOCAL REG. OCT. 20, 1950	REGISTRAR'S SIGNATURE Donald C. Emswiler	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin Feutz Funeral Home, St Louis, Mo		

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.