

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38544**

FILED OCT 16 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **2372**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN Kirkwood c. LENGTH OF STAY (in this place) 5 days		c. CITY OR TOWN Catawissa d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		e. STREET ADDRESS (If rural, give location) -	

3. NAME OF DECEASED (Type or Print) a. (First) Orton b. (Middle) Coleman c. (Last) Lynch	4. DATE OF DEATH (Month) (Day) (Year) Sept 23, 1957
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH Apr. 20, 1874	9. AGE (In years last birthday) 83	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 60 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY mgr. M.F.A.	11. BIRTHPLACE (City and State or Foreign Country) Clarksburg W. Va.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Hiram Lynch	13b. MOTHER'S MAIDEN NAME ? Williams	14. NAME OF HUSBAND OR WIFE MARY?
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no NONE	16. SOCIAL SECURITY NO. 494-07-9526	17. INFORMANT'S SIGNATURE OR NAME Wallace Lynch (son) ADDRESS University City, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis cardio-vascular renal disease		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
	DUE TO (c) Essential hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential hypertension 5 yrs. Atherosclerosis 5 yrs			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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 **Sept 19, 1957**, to **Sept 23, 1957**, that I last saw the deceased alive on **Sept 23, 1957**, and that death occurred at **4:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Dwight or title) D. Hoeker MD	23b. ADDRESS Yacobi	23c. DATE SIGNED 9/25/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Sept 23, 1957	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	24d. LOCATION (City, town, or county) (State) Robertsville, Mo.
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DATE REC'D BY LOCAL REG. 9/25/57	REGISTRAR'S SIGNATURE Hebeal R. Monte	25. FUNERAL DIRECTOR'S SIGNATURE John L. Thibault ADDRESS 222 1/2 E. 12th St. St. Louis, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Ralph Altman*.....

Licensed Embalmer No. *4808*.....

P. O. Address *Union, Md.*.....

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.