

MAR 25 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6927

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City. St. Louis Mo.

(No. Barnes Hospital) St. Ward)

File No.

Registered No. 1333

2. FULL NAME George E. Lynott

(a) Residence, No.

St. N.R.

Louisiana Mo

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Beal Lynott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan - 3 - 1866

7. AGE

69

YEARS

MONTHS

1

DAYS

3

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Bank of Louisiana

10. Date deceased last worked at this occupation (month and year)

Feb - 1935

11. Total time (years) spent in this occupation

4 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Meritor MO

13. NAME

John Peter Lynott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Louis MO

15. MAIDEN NAME

Magdalen Rice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

In Med Ocean

17. INFORMANT

(ADDRESS)

Mrs. Mary Waters
710 3 Northmoor Dr.

18. BURIAL, CREMATION, OR REMOVAL

PLACES Louisiana MO

DATE Feb. 16, 1935

19. UNDERTAKER

(ADDRESS)

Albert H. Nopp & Son
429 N. Grand St.
St. Louis, Mo.

20. FILED

FEB - 7 1935

J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2 - 6 - 1935

22. I HEREBY CERTIFY, That I attended deceased from

1 - 6 - 1935, to 2 - 6 - 1935

I last saw him alive on 2 - 6 - 1935. Death is said

to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic coronary disease
Coronary thrombosis
Pulmonary edema-terminal

Date of onset

5-34

2-6-35

2-6-35

Other contributory causes of importance:

Hypertension & arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

F. R. Bradley

M. D.

(Address) Barnes Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDING THIS IS A PERMANENT RECORD

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