

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10684

State File No. ....

2439

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>2439</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Illinois</u>				b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nameoki</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8520 South Broadway</u>				d. STREET ADDRESS (If rural, give location) <u>2424 Nameoki Avenue</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Emma</u>		b. (Middle) <u>Laura</u>		c. (Last) <u>Springston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 17, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>February 7, 1871</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Days <u>1</u> IF UNDER 11 HRS. Min. <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Evansville, Indiana</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>James L. Lynch</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Olivers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles H. Springston</u>				ADDRESS
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Arterio-sclerosis</u>						<u>5 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>94a</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H701</u>						20. AUTOPSY? YES <input 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 <u>3-16</u> , 19 <u>49</u> , to <u>3-17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-17</u> , 19 <u>49</u> , and that death occurred at <u>1:20</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree of title) <u>George A. O'Sullivan, M.D.</u>				23b. ADDRESS <u>421 W. Schurmer St.</u>			23c. DATE SIGNED <u>3-17-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. to Madison, Ill.</u>		24b. DATE <u>3/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Madison, Ill.</u>		24d. LOCATION (City, town, or county) (State) <u>Madison, Ill.</u>			
DATE REC'D BY LOCAL REG. <u>MAR 17 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>James J. Lohay</u>		ADDRESS <u>Madison, Ill.</u>		

**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.

Signed.....  
Student Embalmer

Signed Francis J. Lakey

Licensed Embalmer No. 2972

P. O. Address Madison, Ill

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.