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

Do not use this space.

10357

File No. 2950

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5043 Washington Ave. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Lillian Agusta Stock.

(a) Residence. No. 5043 Washington Ave. St., 12 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Buryl Stock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18- 1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
51	8	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Harrison Newlon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

14. INFORMANT Buryl B. Stock.

(Address) 5043 Washington ave.

15. FILED 19 Mau 6 Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 26 1927.

17. I HEREBY CERTIFY, That I attended deceased from Mch 2 1927, to Mch. 26 1927. that I last saw h. alive on Mch 22 1927, and that death occurred, on the date stated above, at 8 25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Angina Pectoris

97

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis

(duration) one yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? prim Angina & Lacunar

(Signed) J. J. Heuer, M. D

3/26, 1927 (Address) Jno Bedg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenville Ill. DATE OF BURIAL Mch 29 1927

20. UNDERTAKER C. R. Lupton & Sons ADDRESS 4449 Olive

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

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