

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

Do not use this space.

22521

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District/No. 1003

Registered No. 6161

City St. Louis, Mo. (No.)

Sanitarium

St. Ward)

2. FULL NAME

Lutie Mustain

(a) Residence. No. 5580 Egel av. St. 13 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. + mos.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 19, 1872</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>-</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Light housework

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

10. NAME OF FATHER
Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

12. MAIDEN NAME OF MOTHER
Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

14. INFORMANT (Address)
Joseph Hobbs
5300 Grand

15. FILED JUL - 5 1921 Maub Starckoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/3/21 19

17. I HEREBY CERTIFY, That I attended deceased from 5/2/21 19, to 7/3/21 19, (that I last saw h. alive on 7/3/21 19, and that death occurred, on the date stated above, at 9:50 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia

10714

100W (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. 7/5 DATE OF.....

WAS THERE AN AUTOPSY? 7/5

WHAT TEST CONFIRMED DIAGNOSIS? Chapel
(Signed) Joseph Hobbs M.D.
7/29, 19 (Address) 5300 Grand

*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
Memorial Park DATE OF BURIAL July 5, 1921

20. UNDERTAKER
Drehmann Haval ADDRESS 1905 Elmwood

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.

