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

Do not use this space.

File No. 38686
Registered No. 11389

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo (No. 3961, Cleveland St. ..... Ward)

2. FULL NAME Luella P. Samples

(a) Residence. No. 3961 Cleveland St., 17 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): widow

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17 - 1864

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	11	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): At home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Menard Co.,
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER John Irwin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Menard Co.,
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Minerva Duncan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) unknown

14. INFORMANT John Neill
(Address) 3961 Cleveland Ave

15. FILED DEC 20 1927 Max G. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) December 19th 1927.

17. I HEREBY CERTIFY, That I attended deceased from December 10th, 1927, to December 19th, 1927, that I last saw her alive on December 19th 1927, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Parenchymatous Nephritis
9 mo
90
90
120
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis and Arteriosclerosis (duration) 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? .....
(Signed) Louis H. Brandenburger, M. D.
, 19 (Address) 3922 Cleveland Ave.

*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: Springfield, Ill
DATE OF BURIAL: 12-22-1927

20. UNDERTAKER: Peetz Bros
ADDRESS: 3029 Lafayette

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.