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.

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

Do not use this space.

38886

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis Mo. (No. ....., Sanitarium St. ..... Ward)

File No. 11625

Registered No. .....

2. FULL NAME Lulu Fenerson

(a) Residence. No. 4116 Cottage Ave. 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 7 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	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 3, 1901.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	26	8	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundress

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

(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) Wilson
(STATE OR COUNTRY) Louisiana

PARENTS

10. NAME OF FATHER J. Stanton Pierce

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Louis H. Kohler
(Address) 5300 Arsenal

15. FILED DEC 27 1927 Mark C. Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/12/27 19

17. I HEREBY CERTIFY, That I attended deceased from 8/1/27, 19..., to 12/12/27, 19..., that I last saw h... alive on 12/12/27, 19..., and that death occurred, on the date stated above, at 8 40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Syphilis of the Central Nervous System

34 38

(duration) ..... yrs. 4 mos. 12 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

(1) DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Fat

(Signed) Louis H. Kohler, M. D

12/12/27, 19 (Address) 5300 Arsenal

*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 St. Louis Mo. | DATE OF BURIAL 12/16/27

20. UNDERTAKER W. Kichler | ADDRESS 3800 Rutger