Or Satisfield
Biddle

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

Do not use this space.

11038

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2865

City St Louis mo (No. 512 So Montrose St. ..... Ward)

2. FULL NAME Lula Hearnes

(a) Residence. No. 512 So. Montrose St., 18 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: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Robert Hearns

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 11-1897

7. AGE: Years 30 | Months 4 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Memphis
(STATE OR COUNTRY): Tenn

PARENTS

10. NAME OF FATHER: Unknown Butler

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

12. MAIDEN NAME OF MOTHER: not Known

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

14. INFORMANT: Robert Hearns
(Address): 512 So Montrose

15. FILED ..... 19 [illegible] 1923 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-12 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1928, to Mar. 12, 1928 that I last saw her alive on Mar. 12, 1928, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

[illegible]

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

CONTRIBUTORY (SECONDARY): Hypertension

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

18. WHERE WAS DISEASE CONTRACTED

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) B W Satterfield M. D

, 19 (Address) 2000 (c) Biddle

*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: Washington Park Cem.

DATE OF BURIAL: Mar 14 1928

20. UNDERTAKER: W. S. Wade

ADDRESS: 4202 Finney ave

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.