

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

Do not use this space.

38961

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 40257) Floissant

File No.
 Registered No. 11630
 St. Ward)

2. FULL NAME

Lulu Huettmann
 (a) Residence. No. 40257 Floissant St., 10 Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 2 mos. 8 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 19, 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>48</u>	<u>2</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Gotlieb Bierman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Mrs. Huettmann
 (Address) 40257 Floissant

15. FILED NOV 30 1928
 REGISTRAR May C. Torrey

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27, 1928

17. I HEREBY CERTIFY That I attended deceased from Nov. 2, 1928, to Nov. 27, 1928
 that I last saw h. er alive on Nov. 26, 1928, and that death occurred, on the date stated above, at 1:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fatty Regeneration of the heart
Chronic Cardiac asthma
 CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 90 B

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. A. Whitemeyer M. D.

(Address) 1511 G Island

*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 New Bethlehem DATE OF BURIAL Nov. 30 1928

20. UNDERTAKER Shuedmeyer ADDRESS 3934 N. 20

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.

