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.

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

Do not use this space.

42588

1. PLACE OF DEATH

County..... Registration District No. 791

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

City..... (No. 5046 Milentz St. ..... Ward)

File No.....

Registered No. 11831

2. FULL NAME Lillie L. Lerche

(a) Residence. No. 5046 Milentz St., 2 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 8 - 1867

7. AGE: Years 61 | Months 10 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Fredrickstown
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Franklin Rhodes
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Emma Halliday
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY): Mo

14. INFORMANT: Mrs. Stella Toler
(Address): 5046 Milentz

15. FILED: DEC -5 1928 Max C. Starkloff, Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1928, to Dec 5, 1928, that I last saw her alive on Dec 4, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular disease of the heart

928 (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 900 (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) [signature], M. D

12/5, 1928 (Address) 3900 Cleveland av

*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: Fredrickstown, Mo
DATE OF BURIAL: Dec 6 1928

20. UNDERTAKER: Hauck & Schmitt
ADDRESS: 3732 S. Grand