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

Do not use this space.

4446

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis Mo (No. 925 Park St. ..... Ward)

File No. ..... Registered No. 1078

2. FULL NAME Lucenda Eaves

(a) Residence. No. 925 Park St., 23 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John C. Eaves

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec-28-1858

7. AGE: Years 70 | Months — | Days 24 | 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): at home
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: David Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Mary Haley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: Jewell Eaves
(Address): 925 Park Ave

15. FILED JAN 22 1929, 19 ..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan-21-1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1929, to Jan 20, 1929 that I last saw her alive on Jan 20, 1929, and that death occurred, on the date stated above, at 8 45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108
935 Lobar Pneumonia
1010 (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis
unknown (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Yes

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) R. J. Schuster, M.D.

, 19 (Address) 2752 Chippewa 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: Des Loge Mo (motor)
DATE OF BURIAL: 1-23-1929

20. UNDERTAKER: Peetz Bros 3029
ADDRESS: Laf 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.

2752 Chippewa
1-11-a.m.
235
1
2
2