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

Do not use this space.

12847

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 ..... Registered No. 3388

City St Louis (No. 5189 Maple Ave St. ..... Ward)

2. FULL NAME Catherine Kindred Lamkin

(a) Residence. No. 5189 Maple St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home 93C 100B
(b) General nature of industry, business, or establishment in which employed (or employer) 112
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Thomas M Wood
(Address) 5189 Maple Ave

15. FILED ....., 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 18, 1929

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1929, to March 18, 1929 that I last saw her alive on March 18, 1929, and that death occurred, on the date stated above, at 12:29 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis with Bronchial Asthma non Tubercular (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis (duration) ..... yrs. 2 mos. ..... ds.

90B

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) Charles N. Guhman, M. D

3/18, 1929 (Address) 216-217 University Club Bldg.

*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	DATE OF BURIAL
Bucklen, Mo	Mar 19, 1929
20. UNDERTAKER	ADDRESS
Drehmann Hand	1905 Union

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.

535 2 31 31

University Club Lodge
7.8 PM
1-3
3183 Cabanne Ave