

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

Do not use this space.

13227

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4258**, **Shaw**)

File No.....
 Registered No. **3789**
 St. Ward

2. FULL NAME *Lillie Lawrence Sill*

(a) Residence No. St. **17** Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred **50** 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** *Widowed*
 (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Allyn Moyes Sill*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 11-1856*
7. AGE YEARS *72* MONTHS *4* DAYS *17* | If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) *Collingsville*
 (STATE OR COUNTRY) *Ill*

10. NAME OF FATHER *Not Known*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Not Known*
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER *Not Known*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Not Known*
 (STATE OR COUNTRY)

14. INFORMANT *Harry J. Schuman*
 (Address) *St. Louis Mo*

15. FILED *R 28 1929* *Wm. P. ...*
 REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 28 19 29*
17. I HEREBY CERTIFY, That I attended deceased from *Nov 1927*, 19... to *March 28*, 19... that I last saw h... alive on *Jan 17*, 19... and that death occurred, on the date stated above, at *7 10 A* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of liver.
446 46E
 (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) *Suppurative Carcinoma*
 (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? *Large tumor mass -*
 (Signed) *Wm. P. ...* M. D.
 , 19 (Address) *870 Summit*

*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 *Collingsville Ill* **DATE OF BURIAL** *Mar 30 19 29*

UNDERTAKER *Geo. M. Schroepel*
Schroepel and Co.
ADDRESS *Collingsville Ills.*

ated by check marks, lacking from the death certificate:

Name: Lillie Lawrence Sill

Who died at: St. Louis, Mo, on Mar 28, 1929.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Carcinoma of Liver

Contributory: Two previous Carcinomas

Carcinoma of right breast primary seat. Information given

Where was disease contracted? over Phone by Dr. Geo. W. Parks Div. of U. S.

Did operation precede death? yes Date of 10-30-29

Was there an autopsy? _____ What test confirmed diagnosis? _____

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