96

JUN 28 1929

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

Do not use this space.

19317

1. PLACE OF DEATH
County St Louis — Registration District No. 189 — File No.
Township Central — Primary Registration District No. 60 33 B — Registered No. 164
City (No. 1512 Eckert Pl St. Ward)

2. FULL NAME Mary A. Lalumondier
(a) Residence. No. 1512 Eckert Pl St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Mose Lalumondier

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 23, 1847

7. AGE: Years 82 — Months 1 — Days 5 — 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) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know
12. MAIDEN NAME OF MOTHER: Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

14. INFORMANT: Wm. T. Lalumondier
(Address) 1512 Eckert St.

15. FILED 5/28 1929 Rolla Bracy M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 28 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1926, 19__, to May 25 1929 that I last saw her alive on May 25, 1929 and that death occurred, on the date stated above, at 4.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senility — (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) C. H. Kilker, M.D.
May 28, 1929 (Address) 3121 N Grand

*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: Calvary Cem. — DATE OF BURIAL: 5-30 1929

20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton ave

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.

Board : [illegible]

10 to 12 – 2 to 4 – 6 to 8