

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

Do not use this space.

~~3194~~
2877

3548

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis (No. St. Louis Baptist Hospital St. 1043 Ward)

2. FULL NAME Delia Lanzer

(a) Residence. No. 2832 Dayton St. St. 21 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Lanzer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 | 11 | 28 | 0 hrs. 0 min.

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

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

10. NAME OF FATHER William Sullivan

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

12. MAIDEN NAME OF MOTHER Andor Brennan

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

14. INFORMANT Jerome H. Sullivan
 (Address) 2832 Dayton St.

15. FILED FEB - 1 1930 Max E. Starker REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 27 1930, to Jan 31 1930 that I last saw her alive on Jan 27 - 30, 1930, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Rubeola Pneumonia
108

(duration) yrs. mos. da. 10 | 10 | 10

CONTRIBUTORY (SECONDARY) 1010 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: 2832 Dayton St.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Ruby Clinical Laboratory
 (Signed) J. Starker M. D.
 , 19 (Address) 2946 Franklin

*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 Cemetery DATE OF BURIAL Feb 1 1930

20. UNDERTAKER Sullivan Bros. ADDRESS 1710 Broad St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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