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

Do not use this space.

6963

File No. 1822

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 2929 Kemp St. Ward)

Registration District No. 791 1003

Primary Registration District No.

2. FULL NAME Dolores Helen Lodike

(a) Residence. No. 2929 Kemp St., 24 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	9	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Leo Lodike
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waterloo
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Minnie Meier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Leo Lodike
(Address) 2929 Kemp St.

15. FILED FEB 21 1930 Mar C. Vardell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-17, 1930, to 2/20, 1930, that I last saw h. alive on 2/17, 1930, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
105°
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 101.0
(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) Wm R. Kunz, M. D.
, 19 (Address) 2227 S Broadway.

*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 New St. Marcus Cem. DATE OF BURIAL 2-22 1930

20. UNDERTAKER Witt Bros. Fun. Co. ADDRESS 2929 S. Jefferson St.

N. B.—Every item of information should be carefully supplied. AGE should be stated in years. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.