MAY 28 1930

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

Do not use this space.

13972

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 62488 — Registered No. 82
~~City~~ ~~Clayton, Mo.~~ (No. St. Mary's Hospital. St. Ward)

2. FULL NAME Lillian Stewart.
(a) Residence. No. 3971A Willmington St., Ward. St Louis, Mo
(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 Dont Know.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont Know 1870.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
About 60.	–	–	

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)
(STATE OR COUNTRY) Illinois.

PARENTS
10. NAME OF FATHER Dont Know.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know.
12. MAIDEN NAME OF MOTHER Dont Know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know.

14. INFORMANT Walter J. Rest
(Address) 3971 a ~~Washington~~ Willmington Blvd.

15. FILED 4/17 1930 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1929, to April 16, 1930 that I last saw her alive on April 15, 1930, and that death occurred, on the date stated above, at 7.30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus
46
151 (duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) 2 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? Lab. & Clinical Findings
(Signed) Geo. P. Fitz Gerald, M. D.
April 16, 1930 (Address) 6677 Delmar

*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
SS Peter & Paul	Apr. 18 1930.

20. UNDERTAKER H. Gebken L. & E. Co. ADDRESS 2642 Meramec.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

FEB 2 1955