

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

Do not use this space.

14732

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1006
City St. Louis (No. City Hospital)

File No.....
Registered No. 4136
St. Ward)

2. FULL NAME

Catherine Agnes Lillich
(a) Residence. No. 3158 - Lerman Ave St. 16 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Lillich</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 22 - 1876</u>		
7. AGE	YEARS	MONTHS
	<u>53</u>	<u>4</u>
		DAYS
		<u>1</u>
		If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED ① (a) Trade, profession, or particular kind of work <u>Housework</u> ② (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) <u>Cincinnati Ohio</u>		
10. NAME OF FATHER <u>Wm. Kerner</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
12. MAIDEN NAME OF MOTHER <u>Unknown</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 23 1930

17. No Physician in attendance.
I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 9:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Burns
1st 2nd Degree
due to clothing becoming ignited from Gas stove

CONTRIBUTORY (SECONDARY) 1st Accident
No. Burning (duration) yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED
179
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerner M.D.
4/25/30 (Address) Dep. Coroner

*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 <u>Cincinnati Ohio</u>	DATE OF BURIAL <u>Apr 26 1930</u>
20. UNDERTAKER <u>Wacker Helderle</u>	ADDRESS <u>2351 - S Blum</u>

14. INFORMANT William Lillich
(Address) 3658 - Lerman

15. FILED 25 1930
Max C. Harker
REGISTRAR

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.

WRITE PLAINLY. WITH ON GOING INK—THIS IS A PERMANENT RECORD

