

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

Do not use this space.

28331

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1003
City St. Louis (No. 3939 Hooker St)

File No.....
Registered No. 8185
St. Ward)

2. FULL NAME

Lillian Spies
(a) Residence. No. 3939 Hooker St., 16 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21 - 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>47</u>	<u>11</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home
(c) Name of employer

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

10. NAME OF FATHER Wm. Maerzhof

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

12. MAIDEN NAME OF MOTHER Anna Lorch

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

14. INFORMANT Wm. H. Spies
(Address) 3939 Hooker St

15. FILED AUG 16 1930 Wm C. V. ...

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 14 1930

17. I HEREBY CERTIFY, That I attended deceased from No physician in attendance that I last saw h. alive on 19....., and that death occurred, on the date stated above, at 10:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute cardiac
12:00
12:45
01:58 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cirrhosis of Liver (chronic - alcoholic) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

1004 B1
IF NOT AT PLACE OF BIRTH.....
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Cerezo, M.D.
8/16 1930 (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 St. Pauls Churchyard DATE OF BURIAL 8/18 1930

20. UNDERTAKER Wacht - Helder ADDRESS 2331 W. ...

WHITE 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.

