NOV 28 1930

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

Do not use this space.

33899

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township — Primary Registration District No. 3036 — Registered No. 170
City St Charles (No. 719, North Second St. Ward)

2. FULL NAME Lulu Kohl
(a) Residence. No. 719 N. 2nd St., 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	54	8	26	

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) Webster Groves
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER ? Clayton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Edw G Kohl
(Address) 719 N. 2nd St

15. FILED 10/13, 1930 Hy D. Blackburn
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1930, to Oct 10, 1930 that I last saw her alive on Oct 10, 1930, and that death occurred, on the date stated above, at 4.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Metastatic Fibrosarcoma
Primary lesions in lung
4713
(duration) Since yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? , DATE OF
WAS THERE AN AUTOPSY
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. Jordan, M. D.
, 19 (Address) St Charles Mo

*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
Valhalla Crematory	Oct 13 1930
20. UNDERTAKER	**ADDRESS**
H Callmyer & Sons Co	St Charles Mo

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.