MAR 27 1931

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

Do not use this space.

6940

1. PLACE OF DEATH
County St Louis — Registration District No. 289 — File No.
Township Central — Primary Registration District No. 6033B — Registered No. 77
City (No. 6410, Ridge Ave. St. Ward)

2. FULL NAME Lottie Fant.
(a) Residence. No. 6410 Ridge Ave. 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 Chauncy B. Fant.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	63	8	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warrenton
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Henry W. Harbaum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Caroline Brochman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany

14. INFORMANT Mr. Chauncy Fant.
(Address) 6410 Ridge Ave.

15. FILED 3/23, 1931 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb Feb 21, 1931, to Feb 21, 1931 that I last saw her alive on Feb 21, 1931 and that death occurred, on the date stated above, at 7.53 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11A
10 7A
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Rolla Bracy, M. D.
3/22, 1931 (Address) 6400 Easton ave

*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
Warrenton Mo.	2-24 1931
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5966 Easton ave

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.