

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis Mo.* (No. *St. Johns Hospital*)

26486

File No.

Registered No. **7638**

St. Ward)

2. FULL NAME *Miss Jetta Lourey*

(a) Residence. No. *4726 Kensington Place* Ward *12*
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *4* 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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *December 18 - 1876*

7. AGE

YEARS *54*

MONTHS *6*

DAYS *17*

If LESS than 1 day, hrs. min.

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)

Missouri

10. NAME OF FATHER

Martin Lourey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

*Mrs. Mattheimer
4726 Kensington Place*

15.

FILED

19

8 13 N W C Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 5 1931*

17.

I HEREBY CERTIFY, That I attended deceased from *May 4* 19*31*, to *July 5* 19*31*, that I last saw h. alive on 19..... and that death occurred, on the date stated above, at *3:20* A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Agonized by Acute Leukemia
131 115A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Chronic Nephritis
(duration) *3* 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)

19

(Address)

Yes
Manon Reis
Walter W. Reis, M.D.
No. Theatre Bldg

*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

St Mathews

7-8 1931

20. UNDERTAKER

ADDRESS

A. J. McLaughlin

1631 Mo.

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.

71. 5. 10. 10. 10. 10.
71. 5. 10. 10. 10. 10.
10. 10. 10. 10. 10. 10.