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.

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

Do not use this space.

32513

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1008 Registered No. 9320

City St Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Lillian Fink

(a) Residence, No. 1857 S. 11 St., 23 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 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 —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17 1907

7. AGE YEARS 23 MONTHS 9 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Singer Sewing Machine Co.
10. Date deceased last worked at this occupation (month and year) Aug. 22 1931
11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER
13. NAME Aug. Fink
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

MOTHER
15. MAIDEN NAME Mathilda La. Borenz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

17. INFORMANT (ADDRESS) Lulu La. Borenz 1857 S. 11th

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Church DATE 9-5 1931

19. UNDERTAKER (ADDRESS) W. Schumacher 3013 Meramec

20. FILED SEP 4 1931 19 Max C Starkloff Registrar 9/2/31

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from No physicians in attendance 19 ..... I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Septicaemia, following a criminal abortion performed by hands of parties unknown to the jury. Time and place unknown.

175A

Other contributory causes of importance:

175 HOMICIDE.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

~~Accident, suicide~~, or homicide? ..... Date of injury Nov 19.....

Where did injury occur? Unknown (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Abortion

Nature of injury Septicaemia

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. W. Kerner M. D.

(Address) Dep. Coroner