

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.

MAR 25 1932

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

Do not use this space.

5987

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 289 File No. _____
 Township Central Primary Registration District No. 6033B Registered No. 65
 City ST. LOUIS-MO. (No. 6514 LILLIAN AVE.) St. _____ Ward _____

2. FULL NAME LOU ELLEN CHOSTNER.
 (a) Residence, No. 6514 LILLIAN 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 FEMALE.	4. COLOR OR RACE WHITE.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW.		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF PINKNEY B. CHOSTNER.				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/27/1881.</u>				
7. AGE	YEARS 50	MONTHS 3	DAYS 25 24.	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SELF. 235			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI.				
FATHER	13. NAME WM. NANEY.			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN.			
MOTHER	15. MAIDEN NAME JOSEPHINE. BROWN.			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI.			
17. INFORMANT <u>Jessie H. Chostner.</u> (ADDRESS) <u>6514 LILLIAN AVE.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>JACKSON, MISSOURI.</u> DATE <u>2/23/32.</u>				
19. UNDERTAKER <u>Prosser and Co</u> (ADDRESS) <u>3710 N. GRAND BLVD.</u>				
20. FILED <u>2-22</u> 19. <u>32</u> <u>Jolla Gray, M.D.</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2/22/32.</u>	19 <u>32.</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>2-15-32</u> , 19 <u>32</u> , to <u>2-21-32</u> , 19 <u>32</u> . I last saw her alive on <u>2-21-32</u> , 19 <u>32</u> . Death is said to have occurred on the date stated above, at <u>9-20 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia</u> <u>108</u> <u>108</u> Other contributory causes of importance: _____	
Date of onset <u>2-15-32.</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? <u>Chin. Lake</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____	
Manner of injury _____ Nature of injury _____ <u>(1)</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>an E. E. Farley, M.D.</u> (Address) <u>5247 Nelson Ave.</u>	

